



YMUN India Liability Form — Advisor

Agreement Regarding Participant Supervision

My Organization is participating in Yale Model United Nations India (“Program”). I understand and agree to the following terms for my organization’s participation in the Program:

1. My Organization and its school or other supervising authority (collectively “Organization”) will establish, distribute, and enforce reasonable rules and guidelines of behavior and supervision regarding both health and safety for adults and minors attending the Program under the auspices of my Organization (“Organization Members”).
2. Organization Members will adhere to all requirements imposed by my Organization regarding their behavior, health, safety, and supervision.
3. My Organization will obtain and have available during the Program any health forms necessary for the provision of medical treatment to Organization Members. Such forms shall include permission for YMUN India to seek emergency medical treatment for Organization Members and permission for YMUN India to isolate and house Organization Members for medical purposes.
4. Neither Yale University nor the Program (collectively “Yale”) will be responsible for the health, behavior, safety, or supervision of Organization Members.
5. My Organization releases Yale from all legal and financial responsibility for any harm that the Organization, Organization Members, or their property might suffer as a result of my Organization's failure to meet its obligations under this Agreement.
6. My Organization shall indemnify Yale against and hold Yale harmless from (that is to say, my Organization agrees to pay or reimburse Yale for) any costs, penalties, legal fees, or judgments that Yale has to pay related to my Organization’s failure to meet its obligations under this Agreement.

I have read and understood this Agreement, I am competent to sign it, I have the authority to sign it on behalf of my Organization, and I do so voluntarily and without relying on anything Yale has written or told me except what is written above.

Name of Organization:

Printed name of authorized official signing this Agreement:

Signature of authorized official Date: