Participant's name: _____

Please Print

UNIVERSITY OF CALIFORNIA, UCLA/EPSS

Volunteer

Waiver of Liability, Assumption of Risk, and Indemnity Agreement

Waiver: In consideration of being permitted to participate in any way in

_____

hereinafter called "The Activity", I, for myself, my heirs, personal representatives or assigns, **do hereby release, waive, discharge, and covenant not to sue** The Regents of the University of California, its officers, employees, and agents from liability **from any and all claims including the negligence of The Regents of the University of California, its officers, employees and agents,** resulting in personal injury, accidents or illnesses (including death), and property loss arising from, but not limited to, participation in The Activity.

_____ _____

Signature of Parent/Guardian of Minor Date Signature of Participant Date

Assumption of Risks: Participation in The Activity carries with it certain inherent risks that cannot be eliminated regardless of the care taken to avoid injuries. The specific risks vary from one activity to another, but the risks range from 1) minor injuries such as scratches, bruises, and sprains 2) major injuries such as eye injury or loss of sight, joint or back injuries, heart attacks, and concussions to 3) catastrophic injuries including paralysis and death.

I have read the previous paragraphs and I know, understand, and appreciate these and other risks that are inherent in The Activity. I hereby **assert that my participation is voluntary and that I knowingly assume all such risks.**

Indemnification and Hold Harmless: I also agree to INDEMNIFY AND HOLD The Regents of the University of California HARMLESS from any and all claims, actions, suits, procedures, costs, expenses, damages and liabilities, including attorney's fees brought as a result of my involvement in The Activity and to reimburse them for any such expenses incurred.

Severability: The undersigned further expressly agrees that the foregoing waiver and assumption of risks agreement is intended to be as broad and inclusive as is permitted by the law of the State of California and that if any portion thereof is held invalid, it is agreed that the balance shall, notwithstanding, continue in full legal force and effect.

Acknowledgment of Understanding: I have read this waiver of liability, assumption of risk, and indemnity agreement, fully understand its terms, and **understand that I am giving up substantial rights, including my right to sue**. I acknowledge that I am signing the agreement freely and voluntarily, and **intend by my signature to be a complete and unconditional release of all liability** to the greatest extent allowed by law.

_____ _____

Signature of Parent/Guardian of Minor Date Signature of Participant Date

Participant's Age (if minor) _____

UNIVERSITY OF CALIFORNIA, LOS ANGELES (UCLA)
VOLUNTEER ELECTION OF WORKERS' COMPENSATION COVERAGE

(For use for persons not employed by UCLA who are providing volunteer services for UCLA benefit)

(**Please print or type**)
NAME OF VOLUNTEER: _____ SOCIAL SECURITY NO.:_____- _____-_____

DATE OF BIRTH: _____ SEX: M F HOME PHONE: ( ) _____
HOME ADDRESS:
_____

UCLA SPONSORED PROGRAM/EVENT/ACTIVITY IN WHICH SERVICE WILL BE PROVIDED: _____
UCLA DEPARTMENT FOR WHICH VOLUNTEER SERVICES WILL BE PROVIDED: _____
NAME OF UCLA EMPLOYEE SUPERVISING VOLUNTEER: _____ SUPERVISOR'S PHONE_____
Starting Date of Volunteer Service: _____ Ending Date of Volunteer Service: _____

ELECTION OF WORKERS' COMPENSATION REMEDY: As a condition of my participation in UCLA volunteer service and in consideration for my use of UCLA facilities and equipment, I, the above named volunteer, hereby understand and agree that in the event I am injured or contract an illness or disease either during my UCLA volunteer service, or subsequent thereto as a result of such service, that **I am hereby electing to be covered under the University of California's Self Insured Workers' Compensation Program as** a volunteer for the University of California, Los Angeles Campus, UCLA, and that the benefits provided by the Labor Code of the State of California shall be **MY SOLE AND EXCLUSIVE REMEDY FOR ANY AND ALL SUCH INJURIES, ILLNESSES OR DISEASES.** This election of remedy shall be binding on me, my heirs, personal representatives, and assigns.

WAIVER, RELEASE & INDEMNIFICATION: In consideration of my use of UCLA facilities and of equipment and of my coverage under the University's Self Insured Worker's Compensation Program, I, the above named Volunteer, hereby for myself, my heirs, personal representatives, insurers and assigns **do hereby voluntarily waive, release, discharge, and covenant not to sue The Regents of the University of California (Regents)**, **its officers, agents, volunteers and employees** (herein referred to as University) for any and all actions, claims, or causes of action for bodily injury, personal injury, property damage, or wrongful death occurring or arising out of the course and scope of my volunteer service, whether the same shall arise by contract, the negligence of the University, or otherwise. **IT IS MY INTENTION BY THIS INSTRUMENT TO EXEMPT AND RELIEVE THE UNIVERSITY FROM ANY AND ALL LIABILITY TO ME, MY HEIRS, PERSONAL REPRESENTATIVES, INSURERS OR ASSIGNS FOR BODILY INJURY, PROPERTY DAMAGE, AND WRONGFUL DEATH CAUSED BY NEGLIGENCE, INCLUDING THE NEGLIGENCE OF THE UNIVERSITY to the fullest extent permitted by law.**

I, the above named Volunteer, for myself, my heirs, personal representatives, insurers and assigns do hereby agree, that in the event any claim, action, or lawsuit for bodily injury, property damage, or wrongful death arising out of my volunteer services shall be prosecuted against the University, to defend, indemnify and hold the University harmless from and against any and all such claims, actions, or lawsuits by whomever or wherever made or presented, including, but not limited to, attorney's fees, expenses and court costs, except for such claims, actions or lawsuits as result from the willful misconduct of employees of the Regents.

I, the above named Volunteer, hereby expressly waive all rights under Section 1542 of the *Civil Code of California* **which states that a "general release does not extend to claims which the creditor does not know or suspect to exist in his favor at the time of executing the release, which if known by him must have materially affected his settlement with the debtor."**

SEVERABILITY: If any portion of this Election of Workers' Compensation Remedy, Waiver, Release and/or indemnification is held invalid, it is agreed that the balance shall continue if full legal force and effect.

REPORTING OF INJURIES/ILLNESSES AND MEDICAL TREATMENT: I hereby agree to report all injuries or illnesses received in the scope of UCLA volunteer service to the UCLA department for which I am providing volunteer service and to the Office of Risk and Insurance Management (310) 794-6948, FAX (310) 794-6957, 10920 Wilshire Blvd, Suite 860 Los Angeles, CA 90024 immediately. Volunteers injured on the UCLA Campus are **ONLY** authorized to be treated at the UCLA Occupational Health Facility.

I, the above named volunteer, have read and understand the above "Election of Workers' Comp. remedy," the "Waiver, Release and Indemnification," and the waiver of Civil Code Section 1542 rights, and agree to all of them.

Signature of Volunteer: _____ Date: _____

Signature of Parent/Legal Guardian (if Volunteer is a minor): _____ Date: _____

Signature of University Supervisor: _____ Date: _____

Original: Volunteer's Department - Retain for 18 months following termination of volunteer services - 3 Copies (1) Volunteer, (2) Department in which volunteer services are provides, (3) Office of Insurance and Risk Management RLJ: Rev 01/04 – WC Election

Emergency Contact Information

Employee Name: _____ _____
Last First

First Contact	Relationship	
	Name	
	Address	
	City/State	
	Telephone	
	Cell Phone	
	e-mail	
Second Contact	Relationship	
	Name	
	Address	
	City/State	
	Telephone	
	Cell Phone	
	e-mail	
Alternate Contact	Relationship	
	Name	
	Address	
	City/State	
	Telephone	
	Cell Phone	
	e-mail	

Signature/Date _____

Privacy Notification: The State of California Information Practices Act of 1977 requires the University to provide the following information to individuals who are asked to supply information about themselves:

The principal purpose for requessting the information on this form is to provide emergency information. University policy authorizes maintenace of this information.

Furnishing the information requested on this form is voluntary. There is no penalty for not completing the form. Information furnished on this form will be transmitted to the state and federal governments if required by law. Individuals have the right of access to this record as it pertains to themselves. The Personnel Representatives" office (University of California) is responsible for maintaining the information contained on this form.

8/13/2008

Volunteer Data Entry

Last Name: _____ First Name: _____

Employee ID: _____ Social Security #: _____ – _____ – _____

Home Institution: _____

Title: _____ Degree_____ Non-degree_____

Begin Date: _____ End Date: _____

Supervisor Name: _____ Phone Number: _____

Work Schedule:

Monday	Tuesday	Wednesday	Thursday	Friday

US Current Address:

Address: _____

_____

_____

Phone: _____

Email: _____

For office use only:

Lab Safety Training: _____
Medical Insurance: _____
Work Permit: _____
Liability Waiver Form: _____

UCLA Volunteer Assignment Form

I. Description of Volunteer Services (to be completed by Department)

Department: _____ Unit (if applicable): _____

Duration of assignment: | | | | To | | | | Approximate number of hours: _____ per ☐Week or ☐Month

Month *Day* *Year* *Month* *Day* *Year*

Description of services to be rendered:

Supervisor's Name: _____

	List Requirements for the assignment:
Training:	
Health Exam:	
Physical Requirements: *(e.g., ability to lift 15 lbs.)*	
Certifications:	
Criminal Background Check:	
Other (explain):	

II. Volunteer Agreement and Acknowledgement of Services (to be completed by Volunteer)

I _<<Volunteer's Name>>_, agree to abide by the policies, standards and procedures of the University of California and the _____ department.

I acknowledge that I am voluntarily donating my services to UCLA. I understand and agree that I am a volunteer and that I am not an employee of UCLA. I further understand and agree that I have no expectation of any compensation, pay, fee, or benefits for my services. I acknowledge and agree that my volunteer services do not constitute a guarantee or promise of future employment and do not entitle me to greater consideration for any future employment opportunities. I further acknowledge and agree that my volunteer service, and any rights and privileges associated therewith may be terminated at any time by the University without cause or notice.

Volunteer Participant Name (printed): _____

Signature: _____ Date: _____

Parental Consent (required of youth volunteers, ages 15-18):

Parent/Guardian Name (printed): _____

Signature: _____ Date: _____

III. Completion of Requirements (to be completed by Department)

	Description of Requirement:	Completion Date
Training:		
Protective Equipment:		
Criminal Background Check:		
Other:		

IV. Completion of Volunteer Services (to be completed by Department)

I recommend that the UCLA Volunteer, <<Volunteer Name>>, be used for similar UCLA volunteer assignments in the future.

☐ YES
☐ NO

Dept. Representative Name: _____

Signature: _____ Date: _____

RELEASE OF LIABILITY, WAIVER OF CLAIMS, EXPRESS ASSUMPTION OF RISKS, AND HOLD HARMLESS AGREEMENT

I HAVE READ, UNDERSTAND, and INITIALED the Potential Hazards in Laboratories and Shops Information Sheet describing the potential risks and dangers associated with my minor child's research project, and the Rules for Minors Working in Laboratories and Shops. I fully understand that there are potential risks and hazards associated with exposure to hazardous materials or substances, and I have carefully discussed them with my minor child.

I AGREE TO ALLOW my minor child to work in University of California laboratories and shops and freely accept and assume all associated risks and hazards. I expressly agree that my minor child may suffer injury, illness, or even death from his/her activities or presence in the laboratory/shop. I ALSO AGREE AND UNDERSTAND that my child's research project may be suspended at any time, at the discretion of the University of California and its officers, agents, and employees, if the safety of my child, University of California employees, students, and/or other volunteers at the University of California become a concern.

I, for my minor child, myself and his/her and/or my estate, heirs, administrators, executors, and assigns, hereby release and hold harmless the State of California, the UC Board of Regents, and their officers, directors, employees, representatives, agents, and volunteers (collectively, the "Releasees"), from any and all liability and responsibility whatsoever, however caused, for any and all damages, claims, or causes of action that I, my minor child, his/her and/or my estate, heirs, administrators, executors, or assigns may have for any loss, illness, personal injury, death, or property damage arising out of, connected with, or in any manner pertaining to my child's activities in University of California laboratories, whether caused by the negligence of Releasees or otherwise. I further hereby agree to defend, indemnify and hold harmless the Releasees from any judgment, settlement, loss, liability, damage, or costs, including court costs and attorney fees that Releasees may incur.

In signing this agreement, I acknowledge and represent that I have read and understand it and that I sign it voluntarily and for full and adequate consideration, fully intending to be bound by the same. My minor child and I expressly agree that this Release is intended to be as broad and inclusive as permitted by the laws of California, by which it shall be governed and interpreted. My minor child and I agree that in the event that any clause or provision in this Release shall be held to be invalid by any court of competent jurisdiction, the invalidity of such clause or provision shall not otherwise affect the remaining provisions of this Release, which shall continue to be enforceable.

_____	_____
Signature of Parent/Legal Guardian	Printed Name of Parent/Legal Guardian
_____	_____
Signature of Minor	Printed Name of Minor
_____	_____
Date	D.O.B. of Minor

POTENTIAL HAZARDS IN LABORATORIES AND SHOPS
INFORMATION SHEET

Category	Definition & Hazards		Examples
Chemicals	Refined compound that could be in the form of a solid, liquid or gas. These may or may not be hazardous. Some compounds may have numerous hazard classifications (e.g., flammable, toxin & carcinogen)	Carcinogens: may cause some sort of cancer with long term exposure - usually many years in the future	Benzene
		Teratogens: may cause birth defects in the developing fetus	Alcohol, thalidomide
		Reproductive toxins: may affect the reproductive system of males & females	Toluene, Xylene, Ethidium bromide
		Neurotoxins: may affect the nervous system	Ethidium bromide, Snake venom
		Flammables: may burn or explode	Acetone, Xylene, Alcohol
		Reactives: may react explosively	Peroxides, Acrylamide
		Corrosives: may cause tissue damage with contact through inhalation, eye, skin, etc.	Acids & Bases
		Toxins: may cause illness or death on exposure	Cyanide
Compressed Gases	High-pressure cylinders that hold gases. These are usually large & heavy. Gas may be harmless, toxic, corrosive, and/or flammable	Explosion hazard if they rupture	Hydrogen, Oxygen
		Asphyxiant hazard if they vent the gas to the workplace & it displaces oxygen	Nitrogen, Helium, any other Non-Oxygen Gas
Radiation/Radioactive Materials	High energy particles (alpha & beta) or photon (X-rays, gamma)	Tissue & organ damage with high doses	Uranium, Phosphorus32, Sodium35, X-rays
Physical hazards	Hazards from noise, machinery, heat, cold, etc.	Tissue damage, hearing loss	Scrapes, Cuts
			Cold: liquid nitrogen, dry ice
			Heat: burners
Lasers	Intense, highly directional beam of light	Eye damage and possible skin damage	Class IIIB and IV, and Open Beam Laser Operation

Category	Definition & Hazards		Examples
Biological Agents	Living organisms or products of living organisms such as viruses, bacteria, fungi, prions & parasites. Hazards from infection with these agents are organism-dependent & can range from mild & treatable to severe & untreatable. Classification of hazards in four groups called biological safety levels with level 1 as the least hazardous & level 4 as the most hazardous.	Level 1 - Minimum hazard	Baker's Yeast & E. coli K12
		Level 2 - Mild to severe illness	Influenza, Polio & Salmonella
		Level 3 – Severe illness & possible death	Tuberculosis & AIDS
		Level 4 – Fatal disease	Hemorrhagic fever
Recombinant DNA	Genetically modified organisms with variations in genes within the organism.	Often unknown consequences once introduced to the human body.	Viral vectors like Adeno & Adeno-associated viruses used to transfect or express genes
Toxins – Microbial, Plant, Animal	Poisons produced by plants, living organisms or animals.	Tissue & organ damage or death.	Plant: Ricin Animal: Fish & Snake venom Microbial: Staph, Tetanus

Parent/Legal Guardian Initials: _____ Date: _____

Minor Initials: _____ Date: _____

RULES FOR MINORS WORKING IN LABORATORIES AND SHOPS

1. **Never work alone in any laboratory environment without direct, immediate adult supervision from the sponsor or someone designated by the sponsor.**

2. **Complete and follow safety training specific to the hazards in the laboratory.** At a minimum, anyone who will be in a lab is required to complete the Laboratory Safety Fundamental Concepts class. Additional training requirements may apply depending on the nature of the work that will be conducted in the lab and/or shop.*

3. **Always wear the appropriate personal protective equipment (PPE) as directed and dispose of it correctly. PPE includes goggles, gloves, coats/gowns, and other face/body protection as dictated by the hazard being worked with or around. Always remove PPE when leaving the work area.** See:
   - *Policy 905: Research Laboratory Personal Safety and Protective Equipment* (http://www.adminpolicies.ucla.edu/app/Default.aspx?&id=905); and
   - *EH&S PPE Selection Guide* (http://ehs.ucla.edu/Pub/PPE_Guidance.pdf).

4. Always follow the instructions of the sponsor or laboratory supervisor.

5. Always report any accident (regardless of severity) immediately to the sponsor or laboratory supervisor.

6. Always keep your hands away from your face and wash them well with soap and water prior to leaving any laboratory area and after removing gloves.

7. Never eat, drink, chew gum, apply lip balm, or touch contact lenses while in any laboratory environment.

8. Always wear closed-toe shoes while in any laboratory.

9. Always tie back long hair to keep it out of all the hazards listed above.

10. Always wear clothing that reduces the amount of exposed skin.

11. Always ask questions if you don't understand the safety requirements.

Parent/Legal Guardian Initials: _____ Date: _____

Minor Initials: _____ Date: _____

*Note: The EH&S Classroom Training Description and Schedule is found online: http://map.ais.ucla.edu/go/1003938.