**SIP INTERN: LAST\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ FIRST\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

ELECTIVE/VOLUNTARY ACTIVITY WAIVER UNIVERSITY OF CALIFORNIA, SANTA CRUZ

SCIENCE INTERNSHIP PROGRAM [SIP]

**Waiver of Liability, Assumption of Risk, and Indemnity Agreement**

SIP internships are offered to a small number of participants. The internship is a full-time science, math or engineering based work placement at SIP for a period during the summer school program.

**Waiver**: In consideration of being permitted to participate in a SIP internship, 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 internship.

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Signature of Parent/Guardian of Minor / Date Signature of Participant / Date Participant’s Date of Birth

**Assumption of Risks:** Participation in a SIP internship carries with it certain inherent risks that cannot be eliminated regardless of the care taken to avoid injuries. Activities may include but not be limited to working with chemicals and hazardous materials in science labs. The specific risks vary from one activity to another, but the risks range from 1) minor injuries such as scratches, bruises, and sprains to 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 a SIP internship. 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 a SIP internship 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.

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

**MEDIA**: Participant consents to be photographed and/or videotaped in activities sponsored by the SIP program, which may be used in UCSC publications, print ad, direct-mail piece, electronic media, or other form of promotion. I release UCSC, the photographer, their offices, employees, agents, and designees from liability for any violation of any personal or proprietary right I may have in connection with such use.

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