

Participant's Name \_\_\_\_\_  
Please Print

UNIVERSITY OF CALIFORNIA, Los Angeles  
NS 192C 2018

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

**Waiver:** In consideration of being permitted to participate in any way in **NS 192C 2018 classroom visits for the BRI's Drugs of Abuse and Society Course** 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 Name \_\_\_\_\_  
Please Print

## CONSENT FOR PUBLICITY RELEASE

I hereby grant to The Regents of the University of California permission to reproduce my name, likeness, identity, voice, photographic image, videographic image and oral or recorded statements in any publication of The Regents of the University of California intended for research, educational, promotional, fund-raising or other related use, including webpages and web-based publications, associated with UCLA.

By signing this form, I waive and release The Regents of the University of California and its officers, agents and employees, from any claim or liability relating to the use of my name, likeness, identity, voice, photographic image, videographic image and oral or recorded statements.

I acknowledge that The Regents of the University of California will rely on this consent and release in producing, broadcasting, and distributing materials containing my name, likeness, identity, voice, photographic image, videographic image or oral or recorded statements, and that I will receive no money or remuneration of any kind from The Regents of the University of California related to this consent and release or the materials covered by this consent and release.

I acknowledge that my presence at the (**NS 192C Drugs of Abuse and Society Course**) event may be recorded on film, video and/or audio and used for educational purposes, and this consent and release applies to such use. *The names of students or schools attending the event will not be used or released to the public.*

I have read and understand this agreement and I freely and knowingly give my consent to The Regents of the University of California as described herein.

\_\_\_\_\_  
Signature of Parent/Guardian of Minor      Date

\_\_\_\_\_  
Signature of Participant      Date

Participant's Age (if minor) \_\_\_\_\_