Any member of a scientific party enrolled in Status 4 or Status 5 on the Scientific Party List is required to complete a UCSD Waiver of Liability form. Please print, complete and sign this form, then mail it to:

Ship Scheduling Office Scripps Institution of Oceanography, 0210 UC San Diego 9500 Gilman Drive La Jolla, CA. 92093 -0210

For Fed-Ex/Courier packages, please mail materials to this address: Scripps Institution of Oceanography, UCSD Administration Building, Rm. 108 8622 Discovery Way La Jolla, CA 92037

A fax copy is acceptable provided it contains the required signature(s). Fax number is 858-822-5811.

Complete the form by filling in the scientific party member's (participant's) name, ship name, the cruise start and end dates, and signing/dating where indicated. For purposes of this form a "minor" is under age 18.

Please return waiver forms as far in advance of the cruise as possible, so that the ship can be informed which forms are in hand and if any must still be executed prior to sailing. Due to time zones and weekend/holiday hours forms sent to the Ship Scheduling Office very late may not be relayed to the ship prior to departure. This may delay departure and/or prevent the scientist involved from sailing.

Participant's Name: Please Print:
UNIVERSITY OF CALIFORNIA, SAN DIEGO
Scientific Party Aboard Scripps Institution Research Vessel
Waiver of Liability, Assumption of Risk, and Indemnity Agreement
Name of Class or Activity
Waiver: In consideration of being permitted to participate in any way in: Scientific Party on R/Vfrom (date)to (date) 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 resulting in personal injury, accidents or illnesses (including death), and property loss arising from, but not limited to, participation in The Activity.

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 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.

Signature of Parent/Guardian of Minor & Date

Signature of Participant & Date

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 Participant & Date	Signature of Parent/Guardian of Minor & Date
Participant's Age (if minor)	

Req waiver 04/05