

**UNIVERSITY OF CALIFORNIA, LOS ANGELES  
WHITE MOUNTAIN RESEARCH CENTER**

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

In consideration of being permitted to visit or participate in any way in any activity, including transportation, at the above location, 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, visitation or participation in any way in any activity, including transportation, at the above location.

**Assumption of Risks:** Visitation or participation 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.

**Special Risks Related to COVID-19:** Current visitation or participation carries with it special risks related to the presence of the COVID-19 virus in the population, potentially including individuals and groups and at the White Mountain Research Center. Exposure to COVID-19 may cause serious and prolonged illness including chronic conditions and catastrophic injuries including, but not limited to, loss of limbs, paralysis and death to you or those you come in contact with during or after your visit. Exposure to COVID-19, symptoms associated with COVID-19 or a positive test for COVID-19 will necessitate immediate isolation and evacuation and is wholly the responsibility of the undersigned, including any and all resulting costs or liabilities related to themselves or others.

**I have read the previous paragraphs and I know, understand, and appreciate these and other risks that are inherent in visitation or participation. I hereby assert that my visitation or 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 visitation or participation 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 Minor's Parent/Guardian Date

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

Participant's Age (If Minor): \_\_\_\_\_

\_\_\_\_\_  
Participant's Name (Print)

**UNIVERSITY OF CALIFORNIA, LOS ANGELES  
WHITE MOUNTAIN RESEARCH CENTER (WMRC)**

**Agreement to Terms of Use:** I have read the WMRC COVID-19 Playbook and understand and agree that during visitation or participation at WMRC I am bound by these protocols, including immediate reporting of any and all COVID-19 related health conditions directly to WMRC Staff in the period immediately prior to, during or immediately following visitation or participation.

I understand that should I violate the protocols in the WMRC COVID-19 Playbook I will be denied visitation and participation rights at WMRC and agree to leave the premises immediately and peacefully.

I further agree that I will be responsible for all costs related to my denial of visitation and participation rights at WMRC due to violation of the protocols in the WMRC COVID-19 Playbook.

**I acknowledge that I am signing the agreement freely and voluntarily.**

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

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

Participant's Age (If Minor): \_\_\_\_\_

\_\_\_\_\_  
Participant's Name (Print)