



# SUMMER SURGERY PROGRAM

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## UC IRVINE SCHOOL OF MEDICINE

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

**Waiver:** In consideration of being permitted to participate in the *UCI Summer Surgery Program* at the University of California Irvine, I, for myself, my heirs, or personal representatives, 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 or accidents, and for property loss arising from participation in the Summer Surgery Program.

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Signature of Parent of Minor      Date

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Signature of Participant      Date

**Assumption of Risks:** The program may require transportation to and from UC Irvine and UC Irvine Medical Center. Other hands on workshops carry certain inherent risks that cannot be eliminated regardless of the care taken to avoid injuries. 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, 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 above noted Summer Surgery Program. 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 Surgery Summer Program and to reimburse them for any such expenses incurred.

**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 of Minor      Date

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Signature of Participant Date