**University of California, Merced**

**WAIVER OF LIABILITY AND INDEMNIFICATION AGREEMENT**

The Volunteer Information Form is attached and made a part of this Waiver.

1) I acknowledge that I am voluntarily donating my services to UC Merced. I understand and agree that I am not an employee of UC Merced. I further understand and agree that I have no expectation of any compensation, pay, fee, or benefits for my services. I acknowledge and agree that my services do not constitute a guarantee or promise of future employment and do not entitle me to greater consideration for any future employment opportunities. I further acknowledge and agree that my service, and any rights and privileges associated therewith may be terminated at any time by the University without cause or notice.

2) I understand that UC Merced does not provide me with accident or medical insurance, and is therefore not financially responsible for any accident or medical expenses incurred by me. Further, I understand that I am neither covered by Workers' Compensation nor entitled to employee benefits as a result of my university affiliation.

3) UC Merced agrees to provide me with third party liability insurance to protect me from any claims filed against me related to the duties described in the attached Information Form. In exchange, 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, itsofficers, 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 inpersonal injury, accidents or illnesses (including death), and property loss arising from, but not limitedto, my services.

4) **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 services and to reimburse them for any such expenses incurred.

5) I have read and understand the terms and conditions of this Waiver of Liability and Indemnification Agreement and am signing it of my own free will. **I** **understand that I am giving up substantial rights, including my right to sue**. **I intend by my signature to be a complete and unconditional release of all liability** to the greatest extent allowed by law.

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date\_\_\_\_\_\_\_\_\_\_