

**WAIVER & RELEASE OF LIABILITY
AND
ACKNOWLEDGMENT OF THE ASSUMPTION OF RISK
SCIENTIFIC CLINICAL RESEARCH INTERNSHIP PROGRAM (SCRIP)**

I acknowledge that by participating in the Scientific Clinical Research Internship Program (SCRIP), I may be exposed to a variety of pathogenic viral and bacterial vectors of disease. I further understand that I may be exposed to infectious or contagious diseases resulting from my direct or indirect contact with patients and/or human body fluids. Included in, but not limited to, this exposure are the bacteria or viruses which cause Hepatitis A, B and C, AIDS, measles, mumps, rubella and whooping cough; the mycobacterium causing tuberculosis; the microorganisms causing influenza, conjunctivitis, impetigo; the common cold and lice. Exposure to these infectious agents, and other infectious agents not listed here, could result in illness, disability, morbidity and/or death, the risks of which I am willing to assume and for which I am willing to release The Regents of the University of California and its agents, officers, and employees, from liability as stated on this document.

I understand it is my personal responsibility to contact a physician if I have any personal or medical concerns regarding my participation in the Scientific Clinical Research Internship Program (SCRIP). I further understand that I am strongly advised to contact a physician if I have any of the following conditions or am taking any of the following drugs:

- Diabetes
- Organ or tissue transplant
- Cancer
- Chronic infectious disease
- AIDS or HIV positive status
- Any –immunocompromising disease
- Pregnancy
- Steroids
- Chemotherapeutic drugs for cancer
- Any other drugs which impair my immune system

I further understand the above list of conditions, diseases and drugs is not all inclusive, but merely illustrative. As a student, I further understand I am not covered by the worker's compensation program and that were I to incur any illness while enrolled in this course I will not receive any form of compensation.

I agree to release and forever discharge The Regents of the University of California, its officers, agents and employees, both in their individual capacities and by reason of their relationship to The Regents of the University of California from any and all claims and demands whatsoever which I or my heirs, representatives, executors or administrators, have or may have against The Regents by reason of any accident, illness or injury or other consequences however caused, except through negligent or intentional acts or omissions of The Regents of the University of California, Its officers, employees or agents arising or resulting directly or indirectly from my participation in the Scientific Clinical Research Internship Program (SCRIP).

By signing this statement, I acknowledge that I have read and understand the information on these two pages and agree to the conditions contained therein, *including the release of liability against the Regents of the University of California*, and acknowledge the assumption of the risks of participating in the Scientific Clinical Research Internship Program (SCRIP).

Participant Signature

Participant Name Printed

Date

Signature of Parent or Guardian for Students under 18 years

Date

Name of Parent or Guardian Printed

Waiver and Release of Liability and Acknowledgement of Assumption of Risk
University of California, Irvine
Irvine, CA 92697-1460