



Please return to Shannon or Clint: MSI 3003 (3L floor of Marine Science Building). Electronic applications and applications received after October 17, 2014 will not be considered.

NAME _____ EMAIL _____

PHONE _____ MAJOR _____

GPA _____ GRADUATION QUARTER / YR _____

HOW MANY HOURS PER WEEK ARE YOU INTERESTED IN VOLUNTEERING? _____

PLEASE LIST YOUR CURRENT EXTRA-CURRICULAR GROUPS / ACTIVITIES _____

ARE YOU INTERESTED IN IN FIELD WORK (usually 7:30am-4:00pm)? _____

DO YOU HAVE INJURIES / CONDITIONS THAT RESTRICT PHYSICAL ACTIVITY? _____

DO YOU GET SEA SICK? _____

ARE YOU SCUBA CERTIFIED OR PLANNING TO BECOME SCUBA CERTIFIED? _____

PLEASE LIST SCUBA CERTIFICATIONS & YEAR CERTIFIED IF APPLICABLE

PLEASE LIST COMPUTER SKILLS & SOFTWARE THAT YOU HAVE EXPERIENCE WITH

DO YOU HAVE MICROSCOPE EXPERIENCE? _____ PLEASE DESCRIBE _____

PLEASE DESCRIBE ANY PREVIOUS RESEARCH EXPERIENCE _____

ARE YOU ELIGIBLE FOR WORK-STUDY? _____ ARE YOU A FINANCIAL AID RECIPIENT? _____

PERSONAL REFERENCE _____ RELATIONSHIP _____ PHONE _____

PLEASE STAPLE THE FOLLOWING TO YOUR APPLICATION:

1. WEEKLY VIEW OF FALL SCHEDULE WITH ALL OTHER COMMITMENTS WRITTEN IN
2. CURRENT RESUME IF APPLICABLE
3. SIGNED WAIVER OF LIABILITY (page 2)



Waiver of Liability, Assumption of Risk & Indemnity Agreement

Elective/Voluntary Activities Waiver

Marine Science Institute

SBC LTER Research

Department

Class/Activity

Waiver: In consideration of being permitted to participate in any way in

Santa Barbara Coastal Long Term Ecological Research (SBC LTER) laboratory and field activities.

hereinafter called "The Activity", I, for myself, my heirs, personal representative 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, 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 2) major injuries such as eye injury or loss of sight, joint or back injuries, heart attacks, and concussions 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 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

Print Name of Participant

Date

Age (if Minor)

Signature of Parent/Guardian of Participant if Minor

Print Name of Parent/Guardian of Participant if Minor

Date