FILLABLE FORM

UNIVERSITY OF CALIFORNIA, SANTA CRUZ - UCSC
VOLUNTEER WAIVER AND ELECTION OF WORKERS' COMPENSATION COVERAGE

(To be used by persons providing volunteer services not related to employment duties and without compensation for the benefit of the university)

Name of Volunteer (Please type or print):

Home Phone:

Home Address:

UCSC Sponsored Program/Event/Activity in which volunteer's services will be provided:

Volunteer Appointment Begins on: (Month/day/year) Ends on: (Month/day/year) (Cannot be indefinite)

UCSC Department for which Volunteer Services will be provided:

Name of Volunteer's Supervisor (UCSC Employee):

Supervisor's Phone:

ELECTION OF REMEDY

As a condition of my participation in UCSC volunteer service and in consideration for my use of UCSC facilities and equipment, I, the above named volunteer, hereby understand and agree that in the event I am injured or contract an illness or disease either during my UCSC volunteer service, or subsequent thereto as a result of such service, that I am hereby electing to be covered under the University of California's Self Insured Workers' Compensation Program as a volunteer for the University of California, Santa Cruz Campus, and that the benefits provided by the Labor Code of the State of California shall be my **SOLE AND EXCLUSIVE REMEDY FOR ANY AND ALL SUCH INJURIES, ILLNESSES OR DISEASES.** This election of remedy shall be binding on myself, my heirs, administrators, executors and assigns.

WAIVER, RELEASE & INDEMNITY

In consideration of my use of UCSC facilities and of equipment and of my coverage under the University's Self Insured Worker's Compensation Program, I, the above named Volunteer, hereby for myself, my heirs, executors, administrators, and assigns voluntarily release, forever discharge, waive, and relinquish any and all actions, claims, or causes of action for bodily injury, personal injury, property damage, or wrongful death occurring or arising out of the course and scope of my volunteer service against the Regents of the University of California, its officers, agents, volunteers, and/or employees (herein after referred to as the University), whether the same shall arise by contract, the negligence of any said persons, or otherwise. **IT IS MY INTENTION BY THIS INSTRUMENT TO EXEMPT AND RELIEVE THE UNIVERSITY FROM ANY AND ALL LIABILITY TO ME, MY HEIRS, ADMINISTRATORS, EXECUTORS, AND ASSIGNS FOR BODILY INJURY, PROPERTY DAMAGE, AND WRONGFUL DEATH CAUSED BY NEGLIGENCE.**

I, the above named Volunteer, for myself, my heirs, administrators, executors, and assigns do hereby agree, in the event any claim for bodily injury, property damage, or wrongful death arising out of my volunteer services shall be prosecuted against the University, to defend, indemnify and hold harmless University from and against any and all such claims or causes of action by whomever or wherever made or presented, except for such claims as may arise from or be caused by the willful misconduct of the University.

I, the above named Volunteer, hereby expressly waive all rights under Section 1542 of the *Civil Code of California* which states that a "general release does not extend to claims which the creditor does not know or suspect to exist in his favor at the time of executing the release, which if known by him must have materially affected his settlement with the debtor."

REPORTING OF INJURIES/ILLNESSES AND MEDICAL TREATMENT

I hereby agree to report all injuries or illnesses contracted in the scope of my UCSC volunteer service to the UCSC department in which I am providing volunteer service and to the Office of Risk Services (831) 459-2850, FAX (831) 459-3268, incident@ucsc.edu, 1156 High Street - H Barn, Santa Cruz, CA 95064 immediately. Volunteers injured on the campus are authorized to be treated at UrgencyMED, 3540 Soquel Ave, Santa Cruz, CA 95062, 831-704-3030 (weekdays 8:00 to 5:00 PM) or Dominican Hospital Emergency Room (after business hours).

I, the above named volunteer, have read and understand the above "election of remedy," the "waiver, release and indemnity," and the "waiver of Civil Code Section 1542 rights", and agree to all of them.

Signature of Volunteer: Date:

Signature of University Supervisor: Date:

Original: Volunteer's Department - Retain for 5 years following termination of volunteer services
One Copy to Volunteer & One Copy to the Workers' Compensation Office in Risk Services via email, incident@ucsc.edu

Health and Safety Datasheet

last name __________________________ first name ___________________________ mi _______

mailing address ______________________________ phone ( ) ____________________
______________________________ email ___________________________

In case of emergency contact: ____
(name, city and phone number(s))

date of birth: ________________________

health insurance co: ________________________ ID/policy # ______________________________

physician's name: __________________________ physician's phone ( )__________________

physician's city of practice: ___________________

How would you describe your overall health at present? Excellent Good Fair Poor

Do you have existing medical conditions relevant to your work in the field? If so, what?

____

Are you taking medications at the present time? If so, what? ________________________________
Do you have any allergies to medicines? If so, what? ______________________________________
Do you have any other allergies? If so, what? ____

Are there any special considerations in case you need emergency medical treatment? If so, what?

____

Have you received emergency medical training of any kind? If so, what and when? _____________

____

Do you have a valid driver's license? Y N State ___________ DL # ___________________
How is your official driving record? Good Fair Poor Any special licenses? _____________
If you drive your own vehicle, do you have valid insurance? Y N company ________________

I hereby certify the accuracy of the information given above. _________________________________
(signature)
I hereby authorize emergency medical treatments. ____
(signature)
date ________________________