

SHORT-TERM VISIT APPLICATION

- **Short-Term Visit Form** – please complete.
- **Volunteer Election of Workers' Compensation Coverage** – please complete and sign the bottom of the form
- **Emergency Contact Form** – please complete.
- **Waiver if Liability, Assumption of Risk, and Indemnity Agreement** – please read and sign the form.
- **Laboratory Safety Information** – if you will be working in a lab, you *must* complete the laboratory safety training

Please return the completed forms to 277K ENG VI ***before your effective date***

UNIVERSITY OF CALIFORNIA, LOS ANGELES (UCLA)
COMPUTER SCIENCE DEPARTMENT
SHORT-TERM VISIT FORM

Last Name: _____ **First Name:** _____

Permanent Address: _____

Home Institution: _____

Research Title: _____ **Degree:** _____ **Non-degree:** _____

Duration of Visit: _____ to _____
(Begin Date) (End Date)

Professor Name: _____ **Phone Number:** _____

Work Location: _____

Nature of Visit:

U.S. Current Address:

Address: _____

Phone Number: _____

Email: _____

Key Issued: _____ to _____
(Date Issued) (Date Returned)

UNIVERSITY OF CALIFORNIA, LOS ANGELES (UCLA)
VOLUNTEER ELECTION OF WORKERS' COMPENSATION COVERAGE
(For use for persons not employed by UCLA who are providing volunteer services for UCLA benefit)

(Please print or type)

NAME OF VOLUNTEER: _____ SOCIAL SECURITY NO.: _____

DATE OF BIRTH: _____ SEX: M F HOME PHONE: () _____ ADDRESS:
HOME _____

UCLA SPONSORED PROGRAM/EVENT/ACTIVITY IN WHICH SERVICE WILL BE PROVIDED: _____

UCLA DEPARTMENT FOR WHICH VOLUNTEER SERVICES WILL BE PROVIDED: _____

NAME OF UCLA EMPLOYEE SUPERVISING VOLUNTEER: _____ SUPERVISOR'S PHONE _____

Starting Date of Volunteer Service: _____ Ending Date of Volunteer Service: _____

ELECTION OF WORKERS' COMPENSATION REMEDY: As a condition of my participation in UCLA volunteer service and in consideration for my use of UCLA 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 UCLA 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, Los Angeles Campus, UCLA, 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 me, my heirs, personal representatives, and assigns.

WAIVER, RELEASE & INDEMNIFICATION: In consideration of my use of UCLA 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, personal representatives, insurers and assigns do hereby voluntarily waive, release, discharge, and covenant not to sue The Regents of the University of California (Regents), its officers, agents, volunteers and employees (herein referred to as University) for 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, whether the same shall arise by contract, the negligence of the University, or otherwise. **IT IS MY INTENTION BY THIS INSTRUMENT TO EXEMPT AND RELIEVE THE UNIVERSITY FROM ANY AND ALL LIABILITY TO ME, MY HEIRS, PERSONAL REPRESENTATIVES, INSURERS OR ASSIGNS FOR BODILY INJURY, PROPERTY DAMAGE, AND WRONGFUL DEATH CAUSED BY NEGLIGENCE, INCLUDING THE NEGLIGENCE OF THE UNIVERSITY to the fullest extent permitted by law.**

I, the above named Volunteer, for myself, my heirs, personal representatives, insurers and assigns do hereby agree, that in the event any claim, action, or lawsuit 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 the University harmless from and against any and all such claims, actions, or lawsuits by whomever or wherever made or presented, including, but not limited to, attorney's fees, expenses and court costs, except for such claims, actions or lawsuits as result from the willful misconduct of employees of the Regents.

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."

SEVERABILITY: If any portion of this Election of Workers' Compensation Remedy, Waiver, Release and/or indemnification is held invalid, it is agreed that the balance shall continue if full legal force and effect.

REPORTING OF INJURIES/ILLNESSES AND MEDICAL TREATMENT: I hereby agree to report all injuries or illnesses received in the scope of UCLA volunteer service to the UCLA department for which I am providing volunteer service and to the Office of Risk and Insurance Management (310) 794-6948, FAX (310) 794-6957, 10920 Wilshire Blvd, Suite 860 Los Angeles, CA 90024 immediately. Volunteers injured on the UCLA Campus are **ONLY** authorized to be treated at the UCLA Occupational Health Facility.

I, the above named volunteer, have read and understand the above "Election of Workers' Comp. remedy," the "Waiver, Release and Indemnification," and the waiver of Civil Code Section 1542 rights, and agree to all of them.

Signature of Volunteer: _____ Date: _____

Signature of Parent/Legal Guardian (if Volunteer is a minor): _____ Date: _____

Signature of University Supervisor: _____ Date: _____

Computer Science Department
School of Engineering and Applied Science
University of California, Los Angeles

To: All Computer Science Personnel

In case of emergency, contact

Name

Address (Street, City, State, and Zip Code)

Telephone Number

Relationship

2nd contact person, if the above not available

Name

Address (Street, City, State, and Zip Code)

Telephone Number

Relationship

Signature: _____

Printed Name: _____

Date: _____

Privacy Notification

The State of California Information Practices Act of 1977 requires the University to provide the following information to individuals who are asked to supply information about themselves:

The principal purpose of requesting the information on this form is to provide emergency information.
University Policy authorizes maintenance of this information.

Furnishing the information requested on this form is voluntary. There is no penalty for not completing the form. Information furnished on this form will be transmitted to the state and federal government if required by law. Individuals have the right of access to this record as it pertains to themselves.

Participant's name: Please Print

UNIVERSITY OF CALIFORNIA,

Waiver of Liability, Assumption of Risk, and Indemnity Agreement

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

hereinafter called "The Activity", 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, 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.

Signature of Parent/Guardian of Minor Date Signature of Participant Date

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 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 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 Parent/Guardian of Minor Date Signature of Participant Date
Participant's Age (if minor) _____ Vol Waiver 7/01

UCLA Computer Science Department

Key Checkout Form

Last Name

First Name

Professor Signature

UID#: _____

Title: _____

Email: _____

Home Dept.: _____

\$20.00 Deposit for BH swipe cards/keys (check, cash or money order)

Deposit is waived for Bruin card access to EVI building

****Deposits will be returned when key(s) is/are returned. ****

Certificate of Lab safety training must be provided

- I certify that I have completed the Laboratory Safety Fundamentals Online Training
Date: _____
Class Enrollment and Certification link: <https://worksafe.ucla.edu>
- I will not duplicate the keys/swipe card or loan them to anyone else.
- I am responsible for keeping the room secure, which includes locking the door each time I leave.
- I will report and problems, malfunctions, vandalism, and/or unauthorized use to the key manager (Mildri Lopez-Duarte in 277M, ENGR VI), the MSO, or the Department Chair.
- If I lose my key/swipe card, the department will not refund my deposit.
- I will take care of any equipment located in any of the offices or labs for which I have keys.

Signature: _____

Date: _____

FOR ADMINISTRATIVE OFFICE USE ONLY					
Date Issued	Room #	Key #	Desk #	Space Committee Signature	Key Return Date

Date of Deposit	Deposit Amount	Deposit Return Date