



### Waiver of Liability, Assumption of Risk, and Indemnity Agreement

UC Master Food Preserver Program Administrative Handbook, Appendix 9

**WAIVER:** In Consideration of being permitted to participate in any way in the University of California Cooperative Extension Master Food Preserver Program, 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 ***University of California Cooperative Extension Master Food Preserver Program***, herein now referred to as ***UCCE MFPP***. This waiver applies to all UCCE Master Food Preserver Program activities and projects.

**ASSUMPTION OF RISKS:** Participation in ***UCCE MFPP*** 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, cuts, burns, bruises, and sprains; 2) major injuries such as eye injury or loss of sight, joint or back injuries, severe burns, heart attacks, and concussions; and 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 ***UCCE MFPP***. 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, its officers, employees, and agents 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 ***UCCE MFPP***, and to reimburse them for any such expenses incurred.

**SEVERABILITY:** The undersigned further expressly agrees that the forgoing Waiver and Assumption of Risk Agreement is intended to be 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.

**ACKNOWLEDGEMENT 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 UCCE Master Food Preserver Volunteer: \_\_\_\_\_

Printed Name of the UCCE Master Food Preserver Volunteer: \_\_\_\_\_

County: \_\_\_\_\_

Date: \_\_\_\_\_