

UNIVERSITY OF CALIFORNIA, BERKELEY
**Regents' and Chancellor's Scholars
Overnight Host Program**

Waiver of Liability, Assumption of Risk, and Indemnity Agreement

Waiver: In consideration of being permitted to participate in any way in The Regents' and Chancellor's Scholars Overnight Host 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 Regents' and Chancellor's Scholars Overnight Host Program.

Assumption of Risks: Participation the Regents' and Chancellor's Scholars Overnight Host Program 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 Regents' and Chancellor's Scholars Overnight Host Program. 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 Regents' and Chancellor's Scholars Overnight Host Program 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.

Printed Name of Participant

Application ID

Signature of Participant

Date

Printed Name of Parent/ Guardian (if
participant under 18)

Signature of Parent/ Guardian (if
participant under 18)

Date

AUTHORIZATION TO CONSENT TO TREATMENT OF MINOR

(I) (We), the undersigned parent(s)/guardian(s) of _____, a minor, do hereby authorize the Regents' Overnight Host Program, the University of California, Berkeley Health Services or attending medical personnel as agent(s) for the undersigned to consent to any X-ray examinations, anesthetic, medical or surgical diagnosis or treatment, or hospital care which is deemed advisable by, and is to be rendered under the general or special supervision of, any physician and/or surgeon licensed under the provisions of the Medical Practices Act, California Business and Professions Code §2000 et. seq.; or any X-ray examination, anesthetic, dental or surgical diagnosis or treatment, or hospital care which is deemed advisable by, and is to be rendered under the general or special supervision of, any dentist licensed under the provisions of the Dental Practices Act, California Business and Professions Code §1600 et. seq.

It is understood that this authorization is given in advance of any specific diagnosis, treatment or hospital care to provide authority and power on the part of our aforesaid agent(s) to give specific consent to any and all such diagnosis, treatment or hospital care which aforementioned physician or dentist, in the exercise of his/her best judgment, may deem advisable. This authorization is given pursuant to the provisions of California Family Code §6910.

(I) (We) hereby authorize any hospital, which has provided treatment to the above-named minor pursuant to the provisions of California Family Code §6910, to surrender physical custody of such minor to (my) (our) above-named agent(s) upon the completion of treatment. This authorization is given pursuant to California Health and Safety Code §1283.

These authorizations shall remain effective until _____, 20____, unless sooner revoked in writing delivered to said agent(s).

_____ Date of Signature	Signed: _____ Parent/Guardian
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Address: _____

City: _____ State: _____

Phone No.: Home (____) _____

Work (____) _____ Cell (____) _____

Emergency Information

IN CASE OF EMERGENCY NOTIFY: _____

Address _____ City _____ State ____ Zip _____

Phone: **Home** (____) _____ **Work** (____) _____ **Cell** (____) _____

IF DIFFERENT THAN ABOVE COMPLETE:

Emergency Contact Name _____

Address _____ City _____ State ____ Zip _____

Phone: **Home** (____) _____ **Work** (____) _____ **Cell** (____) _____

Emergency Contact Name _____

Address _____ City _____ State ____ Zip _____

Phone: **Home** (____) _____ **Work** (____) _____ **Cell** (____) _____

MINOR'S PHYSICIAN

Name _____

Address _____ City _____ State ____ Zip _____

Telephone Number (____) _____

Name of Medical Insurance Provider* _____

Policy # _____ Expiration Date _____

***Attach a copy of your medical card or insurance**

If your son or daughter has any allergies, medical problems or is taking medication that would be important for us to be aware of, please indicate here: _____

Regents' Overnight Host Program Photo and Information Consent Form

The undersigned does hereby authorize THE REGENTS OF THE UNIVERSITY OF CALIFORNIA, THE REGENTS' AND CHANCELLOR'S SCHOLARS ASSOCIATION, and the UC BERKELEY FINANCIAL AID OFFICE and/or its associates, assistants, or subcontractors to photograph/film the undersigned and to publish biographical information/excerpts provided for the purpose of reporting on and publicizing the REGENTS' AND CHANCELLOR'S SCHOLARS OVERNIGHT HOST PROGRAM.

The undersigned authorizes the above to permit the use and display of said photographs, film and information in programs, newsletters, brochures and all related publications and displays, hereinafter referred to as "the Work".

The undersigned agrees that The Regents of the University of California, The Regents' and Chancellor's Scholars Association, and the Financial Aid Office may use name, likeness, voice, or biographical information supplied by the undersigned as used in "the Work" which will be used for the purpose of reporting on or publicizing the Regents' and Chancellor's Scholarship Program.

The undersigned releases and forever discharges The Regents of the University of California, The Regents' and Chancellor's Scholars Association, and the Financial Aid Office, its officers, agents, and employees from any and all claims and demands arising out of or in connection with the use of said photographs, film or printed information, including but not limited to, any and all claims for invasion of privacy or defamation.

I have read the above description and give my consent for the use of my information as indicated above.

Printed Name of Participant

Signature of Participant

Date

Printed Name of Parent/ Guardian (if
participant under 18)

Signature of Parent/ Guardian (if
participant under 18)

Date

COMMUNITY AGREEMENT FOR ROHP GUESTS

By signing below, I agree that for the duration of my visit to the University of California, Berkeley during the Regents' Overnight Host Program I will abide by the following rules:

- ☐ I will represent University of California, Berkeley and ROHP in a respectful manner.
- ☐ I will carry identification at all times.
- ☐ I will be on time for all events.
- ☐ I will let my host and an ROHP committee member know where I will be at all times.
- ☐ I will notify my host or an ROHP committee member in case of an emergency.
- ☐ I will immediately report theft, damage, or destruction of any property by me or anyone I associate with.
- ☐ I will not engage in lewd or disorderly conduct.
- ☐ I will not violate the UC Sexual Violence Sexual Harassment (SVSH) Policy as outlined in the attached SVSH Prevention and Response Policy, including but not limited to sexual harassing and/or sexually assaulting anyone.
- ☐ I will not drink alcohol if I am under age 21 and I will not use any illegal narcotics or substances under any circumstances.
- ☐ In addition, I will follow any additional rules established for me that are in accordance with the Code of Student Conduct, which can be found at <http://students.berkeley.edu/uga/conduct.asp>, or other University policies.

I am aware that violating any of the above rules will result in consequences that may include immediate dismissal from the Regents' Overnight Host Program, action from the UC Berkeley Financial Aid Office, demands for restitution, or legal action.

Print Full Participant Name

Participant Signature (REQUIRED)

Date

Participant's Phone

Participant's Email

Print Parent/Guardian Name

Parent/Guardian Signature (If participant is a minor)

Sexual Violence and Sexual Harassment (SVSH) Prevention and Response

As a guest:

I will adhere to the definitions of types of sexual violence and harassment as they are described in the UC SVSH policy, found at <https://policy.ucop.edu/doc/4000385/SVSH>.

I will not sexually harass or assault or engage in other inappropriate behavior, as defined in the UC SVSH policy, with anyone who I come in contact with during the Regents' Overnight Host Program (ROHP), including but not limited to ROHP committee members, my host, and other ROHP guests.

I understand that this policy exists to 1) prevent violence and harm from happening, and 2) have practices in place for ROHP participants and leadership to follow, should an incident or allegation of SVSH occur. We are committed to believing and supporting survivors of violence, and to doing everything in our power to prevent harm from happening to people associated with ROHP.

In order to prevent SVSH:

Prior to our ROHP programs, all committee members will receive training from the PATH to Care Center. This training will provide them with information about how to conduct themselves in appropriate and respectful ways, how to actively cultivate a culture that prevents SVSH from occurring, and how to respond to incidents or allegations of SVSH regarding ROHP committee members, hosts, and guests. Additionally, all ROHP hosts will receive training from the PATH to Care Center during the host safety training. Based on the training committee members receive from the PATH to Care Center, they will be able to facilitate conversations with guests about 1) expectations in terms of behaving in appropriate and respectful ways, and 2) ROHP's response policy should an incident or allegation occur. All committee members are required to receive this training every year, even if they are returning participants.

In order to respond to SVSH:

The PATH to Care Center's 24/7 Care Line (510-643-2005) will be provided to all committee members, hosts, and guests along with basic information about PATH to Care's services.

Should a committee member or host become aware of a possible incident or allegation, they are responsible for responding with care and concern based on the training mentors and coordinators received from the PATH to Care Center.

All committee members, hosts, and guests will be directed to notify a coordinator immediately upon learning of a possible incident or allegation of SVSH. The individual should not attempt to investigate or determine whether an incident actually occurred.

Any committee member who learns about a possible incident will call the PATH to Care Center's 24/7 Care Line as soon as possible. A coordinator will consult with an advocate about immediate safety concerns, how to support those involved, whether and how to connect anyone involved with a PATH to Care Center advocate and/or other resources, and next steps for ROHP leadership to take.

If a possible incident or allegation involves someone affiliated with ROHP causing harm, the ROHP coordinator(s) will immediately suspend that person from further involvement with ROHP. The coordinator's conversation with a PATH to Care Center advocate will include exploring options about how to balance the safety and wellbeing of those who have been or could be affected by this person, with the rights and needs of the accused individual; this exploration will offer options about when and how the accused person could be welcomed back into the group and/or other resources for them.

ROHP leadership will consult with the PATH to Care Center at least every two years to review and edit, as necessary, this prevention and response policy.

By registering to attend the Regents' Overnight Host Program, you also agree to abide by UC Berkeley's Code of Student Conduct. If you violate this code during your candidacy for the scholarship, your eligibility may be revoked by the Academic Senate Committee on Undergraduate Scholarships, Honors, and Financial Aid. You may find information on UC Berkeley's Code of Student conduct at <https://sa.berkeley.edu/code-of-conduct>.