



ASSUMPTION OF RISK
RELEASE & WAIVER OF LIABILITY

I, _____, acknowledge that I have applied to participate in a program of experimental research and scientific instruction using the laboratory facilities and equipment housed at The City University of New York Graduate School & University Center's Advanced Science Research Center (ASRC), located at 85 Nicholas Terrace, New York New York 10031.

I will satisfactorily complete training in relevant laboratory safety procedures to become fully and completely apprised of the actual and potential risks inherent in my participation before beginning any program activity. By signing below, I agree to follow all ASRC equipment use and safety policies and procedures, comply with any supplemental training or testing that CUNY may require, knowingly and voluntarily assume all such risks, and assume sole responsibility for any accident or injury to person or property arising out of my activity.

I further state I am adequately covered by a health and accident insurance policy applicable to the activities in which I will be engaged, and release The City University of New York, its affiliate corporations, the State of New York, the Dormitory Authority of the State of New York, the City of New York and their respective directors, officers, agents and employees (collectively, Releasees) from any claims that I may have for injury, death or property damage that I may cause or incur related to my participation in the program or the condition of the premises, whether or not I am then participating in the activities.

I understand that Releasees DO NOT maintain liability or other insurance coverage for any program or activities at the Advanced Science Research Center, and that consequently, I will not be able to file with Releasees an insurance claim relating to any personal injury or property damage that I may cause or incur during my participation in this program or activity.

Description of facility/activity: _____

Date:

Participant signature: _____

Participant name: _____

Affiliation: _____

Witness: _____

Name: _____