



**UNDERGRADUATE INDEPENDENT RESEARCH CONTRACT
Acknowledgement of Risk and Waiver of Liability**

This Acknowledgement of Risk and Waiver of Liability form should be read carefully and in its entirety. It is a binding legal document. Applicants should **sign and return this form to Dr. Sibel Bargu Ates, ECE Building, Room 1235 or e-mail the signed copy to: sbargu@lsu.edu** together with the Research Contract – Student Plan of Study.

Personal Information

Name _____
Last/Family Name First/Given Name Middle Name

Date of Birth _____ Current Age _____
Month Day Year

I acknowledge that there may be certain risks inherent in participating in independent research, capstone or internship experiences, depending upon the site and duties. I will take responsibility for discussing these foreseeable risks with my faculty sponsor (and worksite supervisor, if applicable). It is herewith acknowledged and agreed that by my participation in the aforementioned activities, administered and run by LSU **Coastal Environmental Sciences (CES)** and affiliates, that I understand such activity is inherently dangerous regardless of safety precautions to reduce the risk, and that I have voluntarily and knowingly assumed any and all risks, both known and unknown, including that I may suffer serious emotional or physical injury or disability, or even death, as a result thereof, and that I assume full responsibility for my participation. . If I ever feel unsafe/uncomfortable about a situation, I know that I should speak with my faculty sponsor (and worksite supervisor, if applicable) immediately and remove myself from participation in this activity. In accordance therewith, in consideration of my participation in the **CES UNDERGRADUATE INDEPENDENT RESEARCH** I, for myself and on behalf of my heirs, assigns, personal representatives and next of kin, hereby RELEASE AND HOLD HARMLESS LSU CES and other affiliates, Board of Supervisors of Louisiana State University and Agriculture & Mechanical and all agents, officers, employees, participants, volunteers, and all other persons or entities acting in any capacity to conduct the independent research (hereafter referred to collectively as the "Releases"), with respect to any and all injury, disability, death and/or loss or damage to person or property.

I further certify that I am in good health, and I have no medical or physical conditions that could interfere with my safety in this activity, or else I am willing to assume and bear the costs of all risks that may be created, directly or indirectly, by any such condition. I understand and acknowledge that it is my personal responsibility to obtain my own medical advice and evaluation to determine whether I should participate in the **CES UNDERGRADUATE INDEPENDENT RESEARCH**.

Medical Insurance Information

I certify that I have adequate health insurance to cover any injury or damage that I may cause to suffer while participating, or else I agree to bear the costs of such injury or damage to myself. Should I require emergency medical treatment as a result of an accident or illness during a field/lab experience, I consent to such treatment and agree to be financially responsible for any and all charges. I acknowledge that LSU does not provide health or accident insurance, and also that I've been encouraged to purchase such insurance myself.

In case of an emergency, this consent also authorizes the release of this form and all medical and accident report forms to emergency personal, doctors, hospitals, insurance companies, my employers, other person or entities deemed appropriate by CES LSU.

I acknowledge that I am aware I can apply for "Student Trip Travel Insurance" to cover medical expenses up to \$5000 for accidents I may incur while participating in field work. This insurance is available through LSU Risk Management at no cost to myself or the department by completing the form at: <https://sites01.lsu.edu/wp/riskmgt/triptravelservice>. For further information about this insurance, go to <https://sites01.lsu.edu/wp/riskmgt/student-trip-travel-insurance>.

Emergency Contact

Name _____ Relationship to Graduate Student _____

Address _____

Telephone Number (home) _____ Telephone Number (business) _____

Telephone Number (mobile) _____ Email _____

I have carefully read the release of "Acknowledgement of Risk and Waiver of Liability" agreement, wherein I have assumed the risk of my participation in this program, fully understanding it's terms, and understanding that by virtue thereof I am giving up substantial rights by signing below, which I do voluntarily and without inducement.

Date _____

Signature of Applicant _____