



ENLACE 2021

Summer Research Experience

Researcher/Teacher Name: _____

We expect that you will always conduct yourself with responsibility during the course of this program, that you will follow all regulations, and that you will be responsive to the faculty, staff, and students with whom you will be working. Your continued participation in this program depends on satisfactory fulfillment of these requirements.

We expect you will be protected from danger whether the danger is caused by intentional or negligent acts of others, whether the harm is verbal or physical. Nonetheless, all persons participating in this program shall be deemed to have waived all claims against the University of California, San Diego, its employees or affiliates, the University of California system, and the State of California for injury, accident, illness, or death occurring during the program.

Signature of Researcher/Teacher: _____

Date: _____

- By marking this box, I confirm that I am currently a full-time researcher or teacher in a science or engineering field (*i.e.*, Engineering, Physical Sciences, Biological Sciences, or Medicine).
- By marking this box, I confirm that I have satisfactory command (intermediate or higher) command of the English language.
- By marking this box, I confirm that I am 18 years of age or older.

UC San Diego
