

UCSF Cell Culture Core Facility

New account work sheet for Non UCSF Researchers

513 Parnassus, Ave. Box 0528

San Francisco, CA 94143-0528

Parnassus Campus phone 415-476-1450

FAX completed form to 415-476-6386

Down load this form at: <http://www.ccf.ucsf.edu/>

- Form completed by:
Your last name _____ Your first name _____
Your Phone # () _____ Your e-mail address _____

UCSF Cell Culture Core Facility payment terms are NET 30, payment in US Dollars

1. Name of Company or University: _____
University Dept. Name: _____
Dept or Company phone # _____ fax # _____
Person responsible for this account:
Name: _____ Phone# _____
e-mail address: _____
2. **Address for accounts Payable:**

3. Purchasing dept. phone #: _____
Name of person in purchasing to contact: _____
E-mail address of Purchaser: _____
4. Does your company/university require a *Supplier Profile Form*: _____
If yes please fax the form to 415-476-2086.
5. Will there be a standing P.O.#, if yes please enter the #: _____
Or will you supply a new P.O. with each order: _____

6. Shipping Address:

7. Shipping by FedEx: please give us your account #:_____

Shipping by UPS: please give us your account #:_____

8. Name, phone number & e-mail address of authorized users on this account.

Last Name: _____ First name: _____ Phone # _____

E-mail address _____

Last Name: _____ First name: _____ Phone # _____

E-mail address _____

Last Name: _____ First name: _____ Phone # _____

E-mail address _____

Last Name: _____ First name: _____ Phone # _____

E-mail address _____

Last Name: _____ First name: _____ Phone # _____

E-mail address _____

UCSF Cell Culture Core Facility

Waiver of Liability, Assumption of Risk and Indemnity Agreement

Waiver: In consideration for using the services of the UCSF Cell Culture Core Facility for: _____

(Entity Name), its officers, employees, agents, **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 the use of the above-cited services.

Signature of Representative: _____ Date: _____

Assumption of Risks: Use of these services 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: _____
2. major injuries such as: _____
3) catastrophic injuries including: _____

I, as the representative of (Name Entity) have read the previous paragraphs and I on behalf of (name entity) know, understand and appreciate these and other risks that are inherent in the use of these services.

I hereby, on behalf of (name entity) assert that (name entity) use of these services is voluntary and that (name entity) knowingly assume all such risks.

Indemnification and hold harmless: I, on behalf of (name entity) 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 (name entity)'s use of the above-cited services and to reimburse them for any such expenses incurred.

Severability: (name entity) 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.

Signature of Representative

Date

