

**Permit-Required Confined Space
Waiver and Release**

In consideration of the University of Connecticut furnishing services and/or equipment to enable me to enter into a permit-required confined space, as defined by the Occupational Health and Safety Administration Standard 29 CFR 1910.146 and the University of Connecticut Confined Space Entry Program and Contractor EHS Manual, I agree as follows:

I recognize and acknowledge that there are certain risks of physical injury to individuals entering into permit-required confined spaces, and I voluntarily agree to assume the full risk of any and all injuries, damages or loss, regardless of severity, that I may sustain as a result of said participation.

I, on behalf of myself, my personal representatives and my heirs, hereby voluntarily agree to release, waive, discharge, hold harmless, defend and indemnify the University of Connecticut and its agents, officers and employees from any and all claims, actions or losses for bodily injury, property damage, wrongful death, loss of services, or otherwise, which may arise out of my use of equipment belonging to or services rendered by the University of Connecticut and its agents, officers and employees. I specifically understand that I am releasing, discharging and waiving any claims or actions that I may have presently or in the future for the negligent acts or other conduct by the owners, agents, officers or employees of The University of Connecticut.

I HAVE READ THE ABOVE WAIVER AND RELEASE AND BY SIGNING IT AGREE IT IS MY INTENTION TO EXEMPT AND RELIEVE THE UNIVERSITY OF CONNECTICUT AND ITS AGENTS, OFFICERS AND EMPLOYEES FROM LIABILITY FOR PERSONAL INJURY, PROPERTY DAMAGE OR WRONGFUL DEATH CAUSED BY NEGLIGENCE OR ANY OTHER CAUSE.

_____	_____	_____	_____	_____
Print Name	Signatur	e	Date	
_____	_____	_____	_____	_____
Company	Address		City	