**WAIVER AND RELEASE FORM**

**for Guest Researchers and Visitors of MUL**

**Host institution: Montanuniversitaet Leoben**

**PARTI: Liability Release and Consent Form**

In consideration of my research stay at Montanuniversitaet Leoben (MUL), I hereby waive, release, and discharge any and all claims for personal damages, injuries, property damages or harms which may hereafter occur to me as a result of the research stay.

This release is intended to discharge in advance Montanuniversitaet Leoben, its officials, professors, associates, employees, volunteers and agents from liability, even though that liability may arise out of perceived negligence on the part of persons mentioned above. It is understood that some activities within the rooms of Montanuniversitaet Leoben (e.g. laboratories) pose an element of risk or danger of accidents, and knowing those risks, I hereby assume those risks. It is further understood and agreed that this waiver, release and assumption of risk is to be binding on my heirs and assignees.

It is my own responsibility to arrange sufficient accident and liability insurance.

[ ]  I have read and understood and agree to all of these terms and conditions

**PARTI: Consent for Treatment**

I hereby give my consent to treatment by emergency medical personnel, a physician, or surgeon, in case of sudden illness or injury during my stay at Montanuniversitaet Leoben. It is understood that Montanuniversitaet Leoben will provide no medical insurance for such treatment, and that the cost thereof will be at my expense. It is my own responsibility to arrange sufficient health insurance.

[ ]  I have read and understood and agree to all of these terms and conditions

**PART IV: Liability Release for Accommodation:**

I declare that I will compensate all damages to the furniture and fixtures, as well as to facilitates and the building in an accommodation organized for me by Montanuniversitaet Leoben that are deliberately or accidently caused by me. I am aware that Montanuniversitaet Leoben will NOT cover any damages in my accommodation on behalf of me, my family, friends and guests.

[ ]  I have read and understood and agree to all of these terms and conditions

**PART V: Photo Release Form**

I hereby authorize Montanuniversitaet Leoben International Relations Office to publish the photographs taken of me and my name, for use in the official MIRO website and Facebook page, as well as for display in the facility.

I release Montanuniversitaet Leoben from any expectation of confidentiality for myself.

I acknowledge that I will not receive financial compensation. I further agree that participation in any publication and website produced by Montanuniversitaet Leoben confers no rights of ownership whatsoever. I release Montanuniversitaet Leoben, its contractors and its employees from liability for any claims by me or any third party in connection with my participation or the participation.

[ ]  I have read and understood and agree to all of these terms and conditions

**PART VI: Data Processing and Security**

I agree that all personal data provided by me may be saved, processed and utilized by MIRO. Non sensitive data may be forwarded to chairs, departments and offices at Montanuniversitaet Leoben, to the Austrian embassy, the BH Leoben, the sponsor of my scholarship/ grant and external parties involved in my research stay for the purpose of program management and evaluation. Your data are treated according to the EU’s GDPR (General Data Protection Regulation).

[ ]  I have read and understood and agree to all of these terms and conditions

*Please write in print:*

|  |  |
| --- | --- |
| First name, family name |  |
| Street |  |
| Zip code, city, country |  |
| Signature + date |  |