



**STATEMENT AND WAIVER OF
RESPONSIBILITY**

FOR VISITORS

Doc : ALMA

Date: 12/ Jan/ 2006

Status: Released

Page: 02

Having requested and obtained, from the Director of ALMA-JAO, due authorization to enter the ALMA Project site, I hereby make the following statement and undertake the following obligations:

1. I have been informed that the ALMA Project, its Operations Support Facility (OSF) and other installations are located at an altitude of approximately 3.000 to 5.000 mt above sea level and I agree to undertake any eventual risk on my health and assets thereof.
2. I also state that I am aware that visiting the ALMA Project may pose risks or hazards to my health. These risks might result from the nature of the area itself, its location, or from human error or negligence of persons who have scheduled or organized the activities or programmes carried out on site. I also state I have read the medical information issued by ALMA, concerning health hazards derived from a visit to a high altitude site.
3. That as a result of these potential hazards I, as an authorized visitor, am aware I may suffer body injuries or serious illnesses, leading even to death.
4. I state I have been informed about the convenience of undergoing a medical test, by a physician, prior to my visit to the ALMA Project, in order to ensure that I do not suffer from any health impairment that might render my stay, under high altitude conditions, hazardous.
5. I therefore declare I do not suffer from any physical or health impairment that prevents me from visiting high altitude sites, particularly at the altitude where the ALMA facilities are located.
6. I agree that it is my responsibility to read and abide with all safety and protection regulations and instructions given orally, or in writing, by the ALMA personnel.
7. Therefore, I accept to abide with all rules, regulations and all other instructions concerning Safety and Protection, mentioned in the above paragraph. Moreover, I accept full responsibility for any result or effects derived from my eventual non-compliance to the norms, regulations and instructions.
8. In the event of any accident or emergency that might cause injury or any type of illness, I authorize the ALMA personnel or the person to whom ALMA has delegated this authority, to seek and take all emergency measures.
9. Through this document I resign to take any action, claim, complaint or law suit of any nature whatsoever (except when resulting from deceitful behavior or gross negligence of ALMA officials, staff, executives and other personnel) resulting in harm or loss to myself or my assets, as a direct consequence of my visit to the ALMA Project.



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10. I hereby accept to repair and /or leave undamaged the ALMA Project, its offices, directors, executives, staff, contractors, cessionaries and personnel in general, for any harm, injury (including death) or loss, resulting directly or as a consequence of my conduct or activities within the ALMA facilities.
11. I state I have been informed and agree, that both myself and any assets under my control (including vehicles) may be searched, at any moment, by the ALMA staff.
12. I state I have read with attention, and am aware of all statements, obligations and waivers of responsibility included in this document and know the legal consequences that may result thereof. I agree and sign this document through my own free will and in a responsible manner.

This document will be valid for a year, as from the date of signature.

NAME: Suzanne T. Staggs

IDENTITY CARD N°: Passport number 4801 88801

COMPANY Princeton University

PHONE: 609.258.5930

ADDRESS: 260 Jadwin Hall, Department of Physics

DATE: June 06. 2017

SIGNATURE:

A handwritten signature in blue ink, appearing to be "S. Staggs", is written over the signature line.