

ASSUMPTION OF RISK/RELEASE OF LIABILITY FORM

(Note: This form, except for fillable fields, cannot be modified without review by the Office of General Counsel)

This form is to be used for participation in a field trip. The Department or College should add any other identified risks associated with this program, or delete those risks stated that do not apply.

I, _____ (“Participant”), understand and agree that participating in (“Field Trip”) sponsored by the Board of Regents of the Nevada System of Higher Education (, on behalf of the University of Nevada, Las Vegas, [COLLEGE/DEPARTMENT] (the “Sponsoring Group”), involves certain risks regardless of the precautions taken by the Sponsoring Group. I voluntarily choose to participate in the Field Trip knowing about the risks listed below. I understand that the description of risks is not complete and there are unknown or unanticipated risks and I assume all such risks. If participation is mandatory for the Field Trip and I am unwilling to accept such risks, I have the right to ask for an alternative assignment. Specific risks/hazards involved with the Field Trip include, but are not limited to:

- [LIST POSSIBLE INJURIES]

In consideration of my participation in the Field Trip, I **expressly and knowingly release and agree to protect, hold harmless and indemnify** the Sponsoring Group, the State of Nevada, and each of their officers, agents, volunteers and employees, from and against any and all claims, demands, losses, lawsuits and judgments, including defense costs and attorney’s fees, for property damage, personal injury or death which may occur during or which may arise out of my participation in the Field Trip.

In addition, I understand and agree that the Sponsoring Group cannot be expected to control all of the risks articulated in this form but may need to respond to accidents and potential emergency situations. Therefore, I hereby give my consent for any medical treatment that may be required during my participation with the understanding that the cost of any such treatment will be my responsibility. **Sponsoring Group does not carry medical or accident insurance for my participation in the Field Trip.**

I agree to engage in responsible behavior at all times related to this Field Trip. Further, I understand that all activities related to this Field Trip are covered by the UNLV Code of Conduct and all other policies of the Sponsoring Group. Students who violate these rules and policies are subject to disciplinary sanctions.

I have made myself aware of the physical requirements necessary for participation in the Field Trip and I certify that I am able to participate in the Field Trip. I understand that failure to disclose accurate information regarding my abilities to participate could result in serious harm to me or other participants.

Sponsoring Group is committed to providing equal access to its programs and services for students who experience disabilities. The Disability Resource Center (DRC) was established to support these goals and to provide assistance with college learning through provision of recommended academic adjustments, auxiliary services, and advocacy. Students with disabilities who may require a reasonable accommodation to participate in the Field Trip must submit a request for an

accommodation in writing to the DRC. Please see the DRC's website for additional information:
www.unlv.edu/drc

I represent that I am eighteen (18) years of age or older and am otherwise competent to execute this Form.

Participant Signature

Date

Person to Notify in Case of an Emergency:

Emergency Contact's Name: _____

Address: _____

Phone #: _____

ONE COPY SHOULD REMAIN ON CAMPUS IN A DESIGNATED LOCATION THAT CAN BE ACCESSED IN CASE OF AN EMERGENCY AND ONE COPY SHOULD ACCOMPANY THE FACULTY/STAFF ADVISOR FOR THE FIELD TRIP.