

STUDENT STATEMENT OF RESPONSIBILITY

For and in consideration of the benefit provided me in the form of _____
("Program") at _____ ("Facility"),
under the Affiliation Agreement (the "Agreement") between the Board of Regents of the Nevada
System of Higher Education, on behalf of the University of Nevada, Las Vegas,
_____ ("University") and Facility, I, a student at the
University of Nevada, Las Vegas on my own behalf and on behalf of my heirs, assigns and
personal representative (if deceased), do hereby covenant and agree to assume all risks and be
solely responsible for any injury or loss (including death) sustained by me while participating in
the Program operated by University and Facility, unless such injury or loss (including death)
arises solely out of the negligence or willful misconduct of Facility or University or their
respective directors, officers, employees, or agents.

I waive and release Facility Administration and all their respective officers, employees, agents
and representatives, and the Board of Regents of the Nevada System of Higher Education on
behalf of the University and all their respective officers, employees, agents and representatives
from all liability for personal injuries or damages sustained, incurred or arising from
participation as a student intern.

Furthermore, I hereby agree to fully exonerate, indemnify and hold harmless Facility, any of its
departments, agencies, officers or employees, and University and all of their respective officers,
employees, agents and representatives from and against all claims or actions, and all expenses
incidental to the defense of any such claim or actions, based upon or arising out of participation
as a student intern.

I am aware that my participation in the Program may involve some risk of injury and I willingly
and knowingly assume the risk of injury.

I will abide by Facility's Code of Conduct and all of Facility's policies, procedures, rules and
regulations throughout the Program. I will notify both University and designated Facility
representative (liaison) if, for any reason, I am unable to report for a scheduled activity or to
participate in the Program.

I agree to the following requirements as set forth in the Agreement, to which this Student
Statement of Responsibility is being attached as an Exhibit and understand that my participation
in the program is contingent on satisfying each of the requirements listed below.

I agree to provide health records requested by Facility, including proof of required
immunizations and tests. I also agree to provide proof of other immunizations, including,
but not limited to Measles, Mumps, Rubella (MMR), hepatitis B, and tuberculosis

screening as requested by Facility in order for me to participate in the Program.

Upon request, I agree to provide documentation to Facility evidencing my health insurance in effect throughout the period of the Program.

I agree that I may be required to undergo drug testing prior to, as well as during, my participation in the Program. I hereby authorize University and Facility access the results of all such drug testing.

I expressly and voluntarily give consent to the Facility to conduct an extensive background check. I understand that the background check will include the following:

(1) Criminal Background Check.

(2) Other types of background checks that the Facility may require.

I understand that I will not be accepted to the Program until the Facility makes a determination that my background check is satisfactory. Facility's determination is final and is not subject to appeal. I understand that Facility may require me to submit additional information to complete the background check and it may cause delay in processing my admission into the Program.

I understand that I may lose opportunity to earn credit while the background check is pending. I understand that unsatisfactory background check will mean that I will not be able to participate in the Program.

I also agree that I am solely responsible for my maintenance, support, and living expenses and transportation to and from any site as assigned by Facility throughout the period of the Program.

I hereby acknowledge and agree that the State of Nevada, including its Board of Regents of the Nevada System of Higher Education, Facility, and their respective directors, officers, employees and agents (in their individual and official capacities) will not defend, indemnify or otherwise compensate and/or reimburse me for any acts or omissions committed by me which are found to be outside the scope of the Program.

I understand and agree that my status with Facility throughout the Program is that of a Student receiving education. For this reason, I can have no expectation of receiving compensation or employment benefits from, or future employment with, either Facility or University.

I hereby acknowledge and agree that I have been offered the opportunity (if desired) to consult with my own attorney concerning the contents of this Student Statement of Responsibility before signing it.

I warrant that I am at least 18 years of age; that I have read and understand the contents of this

statement; and that I sign it freely and without reliance upon any representations or promises by the State of Nevada, including its Board of Regents of the Nevada System of Higher Education, Facility or their respective directors, officers, employees or agents.

Name (printed)

Signature

Date