UNLV | Department *of* GEOSCIENCE
UNIVERSITY OF NEVADA, LAS VEGAS

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

State of Nevada Assumption of Risk / Release of Liability Form Field Trip

I , _____, understand and agree that field trips sponsored by the Geoscience Department involve certain risks and that regardless of the precautions taken by the Geoscience Department, some bodily injuries may occur. Specific risks/hazards involved in field trips and include but are not limited to the following:

1. Driving to or from the field trip localities.
2. Twisting of joints or breaking of bones while hiking over irregular ground.
3. Exposure to natural geologic dangers: for example rock falls, hazardous minerals.
4. Problems related to exposure: for example, heat exhaustion, dehydration, sunburn, frostbite, death and allergic reactions.
5. Injury from flying rock fragments related to breaking of rocks with a rock hammer.
6. Danger of being struck by automobiles while examining outcrops along roads.
7. Snakebite, scorpions and other poisonous/dangerous wildlife, or exposure to animal excreta.
8. Hydrochloric acid diluted with water.

Knowing this information, in consideration of my participation in field trips sponsored by the Geoscience Department, I expressly and knowingly release the Board of Regents of the Nevada System of Higher Education (NSHE) on behalf of the University of Nevada Las Vegas (UNLV) and the Geoscience Department, and the State of Nevada, their officers, agents, volunteers, and employees, from any and all claims and causes of action for property damage, personal injury or death sustained by me arising out of any travel or activity conducted by or under the auspices of the Geoscience Department caused by risks associated by this activity and/or the negligence of the sponsoring group.

In addition, I understand and agree that the Geoscience Department 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. UNLV does not carry medical or accident insurance for the activities mentioned unless the participants are informed otherwise. As such, participants should review their personal insurance portfolio.

Finally, I voluntarily and knowingly agree to protect, hold harmless, and indemnify the Board of Regents of the Nevada System of Higher Education (NSHE) on behalf of the University of Nevada Las Vegas (UNLV) and the Geoscience Department, and the State of Nevada, their officers, agents, volunteers, and employees, against all claims, demands, or causes of action for property damage, personal injury, or death, including defense costs and attorney's fees arising out of my participation in the fieldtrip, fieldwork and of laboratory work sponsored by the Geoscience Department.

I have read the agreement and have willingly signed for the consideration expressed and with a full understanding of its purpose. Participant represents that he/she is eighteen (18) years of age or older and is otherwise competent to execute this agreement, or that his/her legal guardian is also signing.

I voluntarily disclose the following medical conditions and emergency contact information for which the Geoscience Department should be aware in the event of an emergency.

Emergency Contact Name & Phone: _____; (_____) _____-_____

Print Name: _____ NSHE ID: _____ D.O.B: _____

Local Address: _____

Phone: (_____) _____-_____ Medical Condition (if any): _____

_____	_____	_____
Participant Full Name	Participant Signature	Date

If under 18 years old - must be signed by Parent/Guardian. By signing the document you are saying that you have read, understood, and agree to the conditions set forth in the release of liability.

_____	_____	_____
Parent/Guardian Full Name	Parent/Guardian Signature:	Date

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