

### Assumption of Risk/Release of Liability Form

I, \_\_\_\_\_ (“Participant”), understand and agree that participating in a **Field Trip** sponsored by the Board of Regents of the Nevada System of Higher Education (“NSHE”), on behalf of the University of Nevada, Las Vegas (“UNLV”), Geoscience 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:

- 1) Risk of physical injury, illness, accident or death in traveling to and from, and participating in, the Field Trip
- 3) Property loss, theft or damage
- 4) Tripping, slipping or falling
- 5) Snakebite, scorpions and other poisonous wildlife
- 6) Problems related to exposure to the elements: for example, heat exhaustion, dehydration, sunburn, frostbite, and allergic reactions
- 7) Danger of being struck by automobiles while examining outcrops along roads.
- 8) Accidental exposure to animals or animal excreta

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 & cost of any use of search and rescue services 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 NSHE/UNLV policies. 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.

UNLV 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 aid 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 from the DRC. Please see the DRC’s website for additional information: <https://www.unlv.edu/drc>

I represents 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 #: \_\_\_\_\_

**Please list any potentially life-threatening conditions, allergies, or other conditions of which we should be aware, or indicate NA (e.g., asthma, bee-sting allergy, severe peanut allergy, diabetes, etc.):**

\_\_\_\_\_  
\_\_\_\_\_

**UNDER 18 YEARS OF AGE:**

I expressly represent that I am a parent or legal guardian of Participant, that I am legally authorized and entitled to execute this agreement on my behalf and that of Participant, that I have read the foregoing agreement and have signed on behalf of Participant and myself with a full understanding of its purpose. I acknowledge that the activity specified involves strenuous activity, and I know of no medical reason why Participant should not participate. I affirmatively represent that I am competent to execute this agreement, Participant and I intend to be bound by it, and agree that it shall be governed by the laws of the State of Nevada.

\_\_\_\_\_  
Parent / Guardian Signature

\_\_\_\_\_  
Date

**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.**