UNLV
UNIVERSITY OF NEVADA LAS VEGAS

Assumption of Risk/Release of Liability Form

I,_____("**Participant**"), understand and agree that participating in _____ ("**Event**") sponsored by the Board of Regents of the Nevada System of Higher Education on behalf of the University of Nevada, Las Vegas (the "**Sponsoring Group**"), involves certain risks regardless of the precautions taken by the Sponsoring Group. I voluntarily choose to participate in the Event 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. Specific risks/hazards involved with the Event include, but are not limited to:

- Risk of physical injury, accident or death in traveling to and from the Event site;
- Health threats as determined by the World Health Organization, the Centers for Disease Control, or local government authority or health agency (including but not limited to health threats of COVID-19, or similar infectious disease);
- Risk of physical injury, pain, suffering, illness, disfigurement, temporary and permanent disability (including paralysis), and/ or death from, and participating in, the Event;
- Property loss, theft or damage;
- Tripping, slipping or falling.

In consideration of my participation in the Event, 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 Event.

In addition, I understand and agree that the Sponsoring Group cannot be expected to control all of the risks articulated in this agreement 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 Event.**

I agree to engage in responsible behavior at all times related to this Event. Further, I understand that all activities related to this Event 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 Event and I certify that I am able to participate in the Event. I understand that failure to disclose accurate information regarding my abilities to participate could result in serious harm to me or other participants.

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

_____ _____

Participant Signature Date

Person to Notify in Case of an Emergency:

Emergency Contact's Name:_____ Phone #:_____

If the participant is under 18 years of age:

_____ _____

Parent/Guardian Name Date

_____ _____

Parent/Guardian Signature Date