WAIVER, RELEASE, AND INDEMNIFICATION AGREEMENT
(Note: Items in red font should be personalized to the course, program, and semester information)

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

I, _________________________________, ("Student") am a student enrolled at the University of Nevada, Las Vegas ("UNLV"), a member institution of the Board of Regents of the Nevada System of Higher Education ("NSHE"). Student understands and hereby acknowledges that Student has voluntarily elected to participate in the internship program ("Program") through the UNLV (enter name of Department or College) as part of (enter name of course) or other similar course, during the (Spring, Summer, or Fall) semester (enter year). Student will be placed at an approved internship site: (enter internship site) ("Program Site").

In exchange for this Waiver, Release, and Indemnification Agreement ("Release"), UNLV will:
1. Enroll Student in the Program if Student meets the eligibility requirements of UNLV and has paid the appropriate fees in a timely manner.
2. UNLV will facilitate Student’s participation in the Program by processing the documentation necessary for enrollment in the appropriate UNLV course(s) and in the Program.
3. UNLV will provide the personnel and/or resources required by the Program.
4. Upon satisfactory completion of the Program, UNLV will grant Student the credits earned for participation in the Program.

STUDENT’S OBLIGATIONS:
Student understands and agrees that:
- STUDENT has been informed of and understands the various aspects of the Program, including the dangers, hazards, recognized 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, H1N1, or similar infectious disease), and risks inherent in the Program, including but not limited to transportation to and from the Program Site, participation in the manual labor, physical exertion, weather conditions, conditions of equipment, facility conditions, negligent first aid operations or procedures, and in any activities Student undertakes as an adjunct to the Program. Student understands that as a participant in the Program, Student could sustain personal injuries, property damage, illness, disease, or even death as a consequence of not only UNLV’s actions or inactions, but also the actions, inactions, negligence or fault of others or Student, and that there may be other risks not known to Student or not reasonably foreseeable at this time. Student further understands and agrees that any injury, disease, illness, temporary or permanent disability, property damage, or death that Student may sustain by any means is Student’s responsibility except for those occurrences due to UNLV’s negligence or intentional acts.
- Student is responsible for acting prudently and exercising caution and common sense at all times.
- Student agrees to abide by the Program Site’s policies, procedures, rules and regulations throughout the Program.
- Student understands that neither NSHE nor UNLV will provide health insurance coverage to Student during any aspect of Student’s participation in the Program. Student further acknowledges that Student is responsible for the cost of any and all medical and health services Student may require as a result of participating in the Program.
- If, during his/her participation in the Program, Student becomes incapacitated or otherwise unable to provide consent to medical treatment and advance consent cannot be obtained from Student’s family, Student agrees that medical treatment may be performed when, in the opinion of competent medical personnel, the health or welfare of Student will be adversely affected by any delay. In such event, Student authorizes UNLV’s designated representative to grant permission for the necessary medical treatment of Student.
- Student shall abide by all applicable laws, as well as all applicable rules, regulations and policies of UNLV during his/her participation in the Program, including the UNLV Student Code of Conduct. Student agrees that failure to do so may result in the termination of his/her participation in the Program.
- Student understands and agrees that his/her status with the Program Site throughout the internship period is that of a student receiving education, and Student agrees he/she has no expectation of receiving Compensation from, or future employment with, either the Program Site or UNLV.
- To the extent authorized by law, Student, individually, and on behalf of his/her heirs, executors, administrators, personal representatives, successors and assigns, hereby releases, forever discharges and agrees not to sue NSHE, UNLV and their officers, employees, Regents, agents, volunteers and representatives, from any and all liability, loss, claims, demands, causes of actions (known or unknown), suits, judgments, cost, expense or
I hereby acknowledge that I have read this entire document, that I understand its terms, that by signing it I am giving up substantial legal rights I might otherwise have, and that I have signed it freely, knowingly and voluntarily.

Participant’s Signature: ______________________________
Participant's Printed Name: ______________________________
Dated: ______________________________

IF STUDENT IS A MINOR (UNDER AGE 18):
I am the parent or legal guardian of the Student. I hereby acknowledge that I have read this entire document, that I understand its terms, that by signing it I am giving up substantial legal rights that the Student or I might otherwise have, and that I have signed it knowingly and voluntarily. I allow Student to participate in this Program. I understand that I am responsible for the obligations and acts of Student as described in this Release. I agree to be bound by the terms of this document.

Parent/Guardian Signature: ______________________________
Parent/Guardian’s Printed Name: ______________________________
Dated: ______________________________

EMERGENCY NOTIFICATION INFORMATION:
Emergency Contact’s Name: ______________________________
Address: ______________________________
Phone #: ______________________________