GENERAL RELEASE: HONORS COLLEGE
HON 395 INTERNSHIPS (ACADEMIC CREDIT/UNPAID)

This General Release (this “Release”) is made and entered into this ___ day of _____________, 20____ by ___________________________ (“STUDENT”) in favor of the Board of Regents of the Nevada System of Higher Education, on behalf of the University of Nevada, Las Vegas (“UNLV”).

I. PRELIMINARY STATEMENTS

STUDENT desires to participate in the internship program (“Program”) through the UNLV HONORS COLLEGE, as part of HON 395 or other similar course, during the Spring/Summer/Fall (circle one) semester 20 ___. STUDENT will be placed at an approved internship site: ________________________________ (“Program Site”).

In exchange for this Release, UNLV will:
1. Enroll STUDENT in the Program if STUDENT meets the eligibility requirements of UNLV and the Honors College 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.

II. STUDENT’S OBLIGATIONS

STUDENT understands and agrees that:
- UNLV is not responsible for any personal injury or loss or damage to property suffered by STUDENT during participation in the Program or during periods of travel to and from the Program Site or other locations required for participation in the Program (including, but not limited to, public or other ground transportation and crimes against person/property).
- UNLV cannot guarantee his/her health and safety while participating in the Program.
- 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.
- 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.
- UNLV does not carry medical or accident insurance for STUDENT’s participation in the Program.
- 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. 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.
• STUDENT, on behalf of himself/herself and his/her heirs, insurers, executors, administrators, successors and assigns, hereby does release, acquit and forever discharge the Board of Regents of the Nevada System of Higher Education, and its employees, officers, agents, representatives, insurers, successors and assigns, from any and all actions, suits, claims, damages, judgments and executions, whether known or unknown, liquidated or unliquidated, fixed, contingent, direct or indirect (including pain and suffering, punitive damages, death, dismemberment, disability, physical or mental illness or the loss or destruction of the personal property of STUDENT) arising out of STUDENT’s participation in the Program. STUDENT acknowledges that the Program is voluntary and that this Release is made freely, voluntarily, and under no compulsion.

• STUDENT agrees to indemnify and hold UNLV harmless for any financial liability and obligation which he/she personally incurs, and for any injury, loss, damage, liability, cost or expense to the person or property of another which is caused or contributed to by STUDENT during his/her participation in the Program.

• STUDENT understands that 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 provide assistance 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 Program must submit a request for an accommodation in writing to the DRC. Please see the DRC’s website for additional information: http://studentlife.unlv.edu/disability.

• STUDENT affirms that he/she has read and fully understood all the materials provided to him/her in connection with STUDENT's participation in the Program.

• STUDENT further affirms that he/she is eighteen (18) years of age or older and is freely signing this Release.

III. MISCELLANEOUS PROVISIONS

This Release shall be construed and enforced in accordance with the laws of the State of Nevada. The jurisdiction and venue for any action relating to any claims or causes of action brought with regard to this Release or in any way relating to STUDENT’s participation in the Program shall be governed by the laws of the State of Nevada and shall be litigated in a court of competent jurisdiction in the State of Nevada, County of Clark.

______________________________  ___________________________
Student Signature                   Date

______________________________  ___________________________
Witness Name: Please Print              Date

______________________________
Witness Signature

EMERGENCY NOTIFICATION INFORMATION:
Student Name ________________________________
Date of Birth ________________________________
Emergency Contact’s Name ________________________________
Address ________________________________
Phone # ________________________________

Please list any special medical services required, existing medical conditions, or allergies of Student:
__________________________________________________________________________
__________________________________________________________________________