

[Note: This form is not to be used without review by the Office of General Counsel: 895-5185]



Assumption of Risk/Release of Liability Agreement and Consent to Emergency Medical Treatment

I, _____, (“**Participant**”) in consideration of my participation in the _____ (“**Event**”), on behalf of myself, my assigns and my heirs, expressly and knowingly agree to **indemnify, defend and hold harmless** the Board of Regents of the Nevada System of Higher Education, on behalf of the University of Nevada, Las Vegas, [**DEPARTMENT/COLLEGE**] (hereinafter “**Sponsor**”), its officers, agents, employees and volunteers, for any and all claims, demands and/or causes of action for property damage, personal injury or death sustained by me arising out of the Event conducted by or under the auspices of Sponsor, including, but not limited to, the selection and/or provision of emergency medical services.

In addition, I understand and agree that Sponsor cannot control all of the risks associated with the Event, and may need to respond to accidents and other emergency situations. Therefore, I hereby give my **consent to the administration of any medical treatment** that may be deemed by Sponsor to be required by me relative to my participation, with the understanding that the **costs of such treatment will be my sole responsibility**. I agree to hold UNLV, its officers, agents, volunteers and employees harmless from all costs associated with such treatment. I acknowledge that Sponsor **does not carry medical or any other insurance** for participants in the Event. Therefore, I must provide my own medical, disability or other appropriate insurance.

This Agreement contains the entire agreement between the parties, and supersedes any prior written or oral agreements between them concerning the Event. The provisions of this Agreement will continue in effect after the conclusion of the Event, whether said conclusion is by agreement, operation of law or otherwise.

By signing this Agreement, I acknowledge the inherent risks associated with participating in the Event and that such risks include, but are not limited to the following:

- [**LIST POSSIBLE INJURIES**]

I hereby certify that I am in good physical and mental health and have had no previous, and have no pre-existing, medical conditions or injuries affecting my ability to participate in the Event, nor have I been declared medically ineligible for any athletic competition.

I hereby grant to UNLV the right to photograph, videotape or otherwise digitally collect my likeness, voice and sounds. I understand that video and/or audio recordings taken of me by UNLV shall be used for educational purposes and to promote such purposes, including dissemination of information for public service announcements.

I have read the foregoing Agreement and have knowingly and willingly signed it with a full understanding of its purpose. I affirmatively represent that I am at least eighteen (18) years of age and am otherwise competent to execute this Agreement, intend to be bound by it, and agree that it shall be governed by the laws of the State of Nevada.

**Assumption of Risk/Release of Liability Agreement
and Consent to Emergency Medical Treatment**

Print Name _____

Local Address _____

Phone # _____

Signature

Date

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

EMERGENCY NOTIFICATION INFORMATION:

Participant Name _____

Date of Birth _____

Emergency Contact's Name _____

Address _____

Phone # _____

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

Please mail, scan and email, fax, or bring this completed form with you to the first event you attend.

UNLV DEPARTMENT CONTACT INFORMATION:

Name: _____ Phone: _____ Fax: _____

Address: _____

E-Mail: _____