

**Service-Learning Assumption of Risk/Release of Liability Form**  
**UNLV / NSHE / State of Nevada**

The state of Nevada, the Board of Regents of the University of Nevada, Las Vegas, the Nevada System of High Education, and the Office of Service Learning and Leadership require that you sign and agree with the following in order to participate in this program.

I understand and agree that the agency site visits for service-learning as a part of this class involves certain risks and that regardless of the precautions taken by representatives of UNLV, some bodily injuries may occur.

Specific risks/hazards involved in service-learning programs may include but are not limited to the following:

1. Travel between UNLV and the host site
2. Inclement weather can impact safety (rain, cold, wind, heat); appropriate clothing and dress is required;
3. Visiting the site(s) and/or conducting off-campus meetings;
4. Working with clients;
5. Working outdoors;
6. Walking and working on uneven terrain;
7. Labor may damage clothing;
8. Working in proximity to insects and/or desert wildlife;
9. Working with non-UNLV volunteers including but not limited to children, adolescents, and adults;
10. Use or exposure to equipment and tools including, but not limited to: handheld tools such as a hammer, rake, paintbrush, shovel and electric power tools such as nail guns, weed trimmers;
11. Manual labor including, but not limited to: lifting, reaching, stretching, and moving objects – individuals should be aware of own physical limitations;
12. Working in a kitchen with associated tools and appliances (knives, stoves, ovens, dishwasher);
13. Exposure to community conditions due to urban nature of area;
14. Exposure to community conditions due to rural nature of area;
15. Use or exposure to potentially sharp objects like glass or nails;
16. Working with other UNLV students, staff, and/or faculty outside of a traditional classroom environment.

Knowing this information, in consideration of my participation in this course's service learning components, I expressly and knowingly release the Board of Regents of the Nevada System of Higher Education (NSHE) on behalf of the University of Nevada Las Vegas (UNLV) and the State of Nevada their officers, agents, volunteers, and employees, from any and all claims and causes of action for property damage, personal injury or death sustained by me arising out of any travel or activity conducted by or under the auspices of UNLV caused by risks associated by this activity and/or the negligence of the sponsoring group.

In addition, I understand and agree that UNLV 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 will be my responsibility. UNLV does not carry medical or accident insurance for the activities mentioned unless the participants are informed otherwise. As such, participants should review their personal insurance portfolio.

Finally, I voluntarily and knowingly agree to protect, hold harmless, and indemnify the Board of Regents of the Nevada System of Higher Education (NSHE) on behalf of the University of Nevada Las Vegas (UNLV) and the State of Nevada, their officers, agents, volunteers, and employees, against all claims, demands, or causes of action for property damage, personal injury, or death, including defense costs and attorney's fees arising out of my participation in this course's service-learning components. I understand that as a University sponsored event, that the student rights and responsibilities outlined in the UNLV Code of Conduct and all other NSHE/UNLV policies apply.

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I understand that as a University sponsored event, that the student rights and responsibilities outlined in the UNLV Code of Conduct and all other NSHE / UNLV policies apply.

I have read the agreement and have willingly signed for the consideration expressed and with a full understanding of its purpose. Participant represents that they are eighteen (18) years of age or older and is otherwise competent to execute this agreement.

Print Name \_\_\_\_\_ NSHE # \_\_\_\_\_  
Date of Birth \_\_\_\_\_ Phone # \_\_\_\_\_  
Local Address \_\_\_\_\_  
E-mail Address \_\_\_\_\_

\_\_\_\_\_  
Participant Signature Date

**If you are under 18 years of age, a parent/guardian must also sign this release. By signing this document, you are saying you have read, understood, and agree to the conditions set forth in the release of liability.**

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

**Person to Notify in Case of an Emergency**

Name \_\_\_\_\_  
Phone # \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Please list any special services you may require due to an existing medical condition or physical disability:

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

Allergies (i.e. bee stings, medications, food, etc.) and any needed treatment:

\_\_\_\_\_

Medications, incl. dosage (will be kept confidential, helps us respond):

\_\_\_\_\_

**ONE COPY SHOULD REMAIN ON CAMPUS IN A DESIGNATED LOCATION THAT CAN BE ACCESSED IN CASE OF EMERGENCY AND ONE COPY SHOULD ACCOMPANY THE FACULTY/STAFF ADVISOR FOR THE TRIP OR ACTIVITY.**