



Assumption of Risk/Release of Liability Form

I, _____ (“Participant”), understand and agree that participating in the trip for _____ (“Field Trip”) sponsored by the Board of Regents of the Nevada System of Higher Education, on behalf of the College of Southern Nevada, _____ (the “Sponsoring Group”), involves certain risks regardless of the precautions taken by the Sponsoring Group. I voluntarily choose to participate in the Field Trip 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. Sponsoring Group is not responsible if I make a personal decision to separate from the program early. I acknowledge and agree that in the event I become detached from the group, fail to meet departure bus, airplane, train or other conveyance, I will bear all responsibility to seek out, contact, and reach the group at its next available destination, and to bear all costs I incur in reaching the group at the next available destination. If participation is mandatory for the Field Trip and I am unwilling to accept such risks, I have the right to ask for an alternative assignment. Specific risks/hazards involved with the Field Trip include, but are not limited to:

- Risk of physical injury, accident or death in traveling to and from the Field Trip 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 participating in the Field Trip;
- Property loss, theft, or damage;
- Tripping, slipping or falling.

In consideration of my participation in the Field Trip for academic enrichment, 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 Field Trip.

In addition, I understand and agree that the Sponsoring Group 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. **Sponsoring Group does not carry medical or accident insurance for my participation in the Field Trip.**

I agree to engage in responsible behavior at all times related to this Field Trip. Further, I understand that all activities related to this Field Trip are covered by the CSN Student Conduct Code 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 Field Trip and I certify that I am able to participate in the Field Trip. I understand that failure to disclose accurate information regarding my abilities to participate could result in serious harm to me or other participants.

Sponsoring Group 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 Field Trip must submit a request for an accommodation in writing to the DRC: [Disability Resource Center | CSN](#).

Person to Notify in Case of an Emergency:

Emergency Contact's Name: _____ Phone Number: _____

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

Participant Signature

Date

If under 18 years old, this document must be signed by a Parent/Guardian.

By signing the document, you are saying that you have read, understood, and agree to the conditions set forth in the release of liability.

Parent/Guardian of Participant (Print)

Parent/Guardian Signature

Date

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