



## Assumption of Risk/Release of Liability Agreement and Consent to Emergency Medical Treatment (Minor Participants)

I, \_\_\_\_\_ (“**Parent**”), in consideration of my child’s \_\_\_\_\_ (“**Child**”) participation in the SISTEM program (“**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 (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 my child 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 consideration of my child being permitted by Sponsor to use its facilities and/or participate in the Event, I agree to the following:

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 for my child relative to his/her 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 child with his/her own medical, disability or other appropriate insurance.

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

- Risk of physical injury, illness, accident or death in traveling to and from, and participating in, the Event;
- Property loss, theft or damage;
- Exposure to dust, gas, fumes or chemicals;
- Tripping, slipping or falling;
- Problems related to exposure to the elements: for example, heat exhaustion, dehydration, sunburn, frostbite, and allergic reactions.

I hereby certify that my child is in good physical and mental health and has had no previous, and does not have a pre-existing, medical conditions or injuries affecting his/her ability to participate in the Event, nor has he/she been declared medically ineligible for any athletic competition.

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

I understand 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>.

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.

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 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. I further understand that all incidences of noncompliance with any Event rules will result in my child's dismissal from the Event.

Parent or Guardian's Name: \_\_\_\_\_

Local Address: \_\_\_\_\_

Phone No.: \_\_\_\_\_

\_\_\_\_\_  
Parent or Guardian's Signature

\_\_\_\_\_  
Date

**EMERGENCY NOTIFICATION INFORMATION:**

Child's Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Emergency Contact's Name: \_\_\_\_\_

Emergency Contact's Address: \_\_\_\_\_

Emergency Contact's Phone No.: \_\_\_\_\_