

UNIVERSITY OF NEVADA LAS VEGAS (UNLV)  
NEVADA SYSTEM OF HIGHER EDUCATION (NSHE)  
STATE OF NEVADA

**ASSUMPTION OF RISK /RELEASE OF LIABILITY FORM**

NAME OF PARTICIPANT : \_\_\_\_\_ AGE: \_\_\_\_\_  
ADDRESS : \_\_\_\_\_

**EMERGENCY CONTACT:**

NAME OF PARENT GUARDIAN: \_\_\_\_\_  
ADDRESS: \_\_\_\_\_  
PHONE: \_\_\_\_\_ E-MAIL : \_\_\_\_\_

In consideration of my minor child/ward being allowed to participate in this Track & Field competition, its related events and activities, I, the undersigned, acknowledge, appreciate and agree that:

1. The risk of serious injury from sports activities involved in this event is always present due to the nature of the sport; and
2. FOR MYSELF, SPOUSE, AND CHILD, I KNOWINGLY AND FREELY ASSUME ALL SUCH RISKS, both known and unknown, EVEN IN ARISING FROM NEGLIGENCE OF THE RELEASEES or others, and assume full responsibility for my child's participation; and
3. I willingly agree to comply with the competition's customary terms and conditions for my child's participation. If, however, I observe any unusual significant concern in my child's readiness for participation and/or in the competition itself, I will remove my child from participation and bring such attention to the nearest official immediately; and
4. I, for myself and on behalf of my heirs, assigns, person representatives and next of kin, HEREBY RELEASE, DISCHARGE, COVENANT NOT TO SUE AND AGREE TO HOLD HARMLESS the Board of Regents of the Nevada Systems of Higher Education, The State of Nevada and their officers, officials, agents and/or employees, used for this activity ("Releasees"), WITH RESPECT TO ANY AND ALL INJURY, DISABILITY, DEATH, including costs of defense attorney's fees, regarding my child and /or arising from his/her activities, WHETHER ARISING FROM RISKS ASSOCIATED WITH THIS ACTIVITY and/or the NEGLIGENCE OF THE SPONSORING GROUP OR ANY AGENT THEREOF.
5. In Addition, I understand and agree that the Sponsors cannot control all of the risks associated with the indicated activities, 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 the sponsors to be required relative to participation, with the understanding that the costs of such treatments will be my responsibility, unless otherwise provided below. I acknowledge that the sponsors do not carry medical or any insurance for participants in the activities named, unless the participants are otherwise informed in writing. Therefore, participants must provide their own medical, disability or other appropriate insurance. I have read the foregoing agreement and have knowingly and willingly signed it with a full understanding of its purpose. I acknowledge that the activity specified involves strenuous activity, and that I know of no medical reason why my son/daughter should not participate. I affirmatively represent that I am competent to execute this agreement, intend to bound by it, and agree that it shall be governed by the laws of the State of Nevada.

PRINT NAME: \_\_\_\_\_  
(PARENT/GUARDIAN)

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_  
(PARENT/GUARDIAN)