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I, <u>3Participant</u> XQGHUVWDQG **BQGWDBrUSHD**WWDBrid SHDWWDBrid ShDWWDBrid ShDWWDBrid ShDWWDBrid ShDWDBrid ShDWDDBrid ShDWDBrid ShDWDDBrid ShDWDBrid ShDWDDBrid ShDWDDBr

x [LIST POSSIBLE INJURIES]

In consideration of my participation in the Field Trip,expresslyandknowingly 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 ndnyll claims, demands, ORVVHV ODZVXLWV DQG MXGJPHQWV LQFOXGLQJ GHIHQVH personalinjury or deathwhich may occur during or which may arise out of my participation in the Field Trip.

situations. Therefore, I hereby give my consent for any medical treatnate mtaby 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 personsible behavior at all times related to this Field Triprther, I understand that all activities related to this Field Trip are covered by the UNLV Code of Conduct and all other policies of the Sponsoring Grospiudents who violate these rules and piech 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 formation 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. **Die**ability Resource Center (DRC) was established to support these goals and to provide assistancewith college learning through provision of

accommodationin	writing	to the DRC.	Please see the	'5 &w ¶b \sitefor	additional information:
ZZZ XQOY	HGX	GUF			
I represent	thaltam	eighteer(18)	ears of age or		