[Note: This form is not to be used without review by the Office of General Counsel: 895-5185]

Assumption of Risk/Release of Liability Agreement and Consent to Emergency Medical Treatment

Ι,		in consideration of my	participati	ion in
the	(" Event "), on be	chalf of myself, my assig	ns and my	heirs
expressly and knowingly agree to indemr	ify, defend and hold harmle	ess the Board of Regent	s of the N	evada
System of Higher Education, on behalf of	the University of Nevada, Las	Vegas, [DEPARTMEN	T/COLL	EGE]
(hereinafter " Sponsor ") its officer cer	cer Qeinafter û	ter û	m	m