

**ASSUMPTION OF RISK, RELEASE OF LIABILITY AND
CONSENT TO EMERGENCY MEDICAL TREATMENT AGREEMENT**

Event:

Date of Event:

I, _____, (“**Participant**”) in consideration of my participation in the _____ (“**Event**”), on behalf of myself, my assigns, and my heirs, expressly and knowingly agree to ***indemnify, defend, and hold harmless*** Beta Alpha Psi (hereinafter: “**Sponsor**”), Board of Regents of the Nevada System of Higher Education, on behalf of the University of Nevada, Las Vegas (“**UNLV**”), 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 me 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. *(Initial beside each item below)*

- 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 necessary by Sponsor resulting from my participation in the Event, with the understanding that ***all costs of such treatment will be my sole responsibility*** and the Sponsor, 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 own medical, disability, or other appropriate insurance.
- I acknowledge the inherent risks associated with 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;
 - 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 I am in good physical and mental health and have had no previous, and have no pre-existing, medical conditions or injuries affecting my ability to participate in the Event, nor have I been declared medically ineligible for any athletic competition.
- I hereby grant to UNLV the right to photograph, videotape, or otherwise digitally collect my likeness, voice, and sounds. I understand that video and/or audio recordings taken of me by UNLV shall be used for educational purposes, including dissemination of information for public service announcements.

This agreement contains the entire agreement between 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 at least eighteen (18) years of age and am otherwise 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.

Printed Name: _____ Phone Number: _____

Signature: _____ Date: _____

Local Address: _____

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UNDER 18 YEARS OF AGE

I expressly represent that I am a parent or legal guardian of Participant, that I am legally authorized and entitled to execute this agreement on my behalf and that of Participant, that I have read the foregoing agreement and have signed on behalf of Participant and myself with a full understanding of its purpose. I acknowledge that the activity specified involves strenuous activity, and I know of no medical reason why Participant should not participate. I affirmatively represent that I am competent to execute this agreement, Participant and I intend to be bound by it, and agree that it shall be governed by the laws of the State of Nevada.

Parent/Legal Guardian Signature: _____ Date: _____

Parent/Legal Guardian Printed Name: _____

EMERGENCY CONTACT INFORMATION:

Participant Name: _____ Date of Birth: _____

Emergency Contact's Name:

Address: _____ Phone Number: _____

Please list any special medical services required, existing medical conditions, or allergies of Participant:

To participate in the Event, you must scan and email or bring this completed form with you to the first event you attend. **Failure to submit this completed form to the RSO at or prior to the Event, will preclude the individual from participating in the Event.**