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

I, _____ ("Participant"), in consideration of my participation in the UNLV Scarlet Dance Line ("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 High 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 relative to 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 the 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.

By signing the Agreement, 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;
- 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 I am in good physical and mental health and has had no previous, and does not have a 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 myself by UNLV shall be used for educational purposes and to promote such purposes, including dissemination of information for public service announcements.

By participating in the Event, I accept all risks inherent in travel (including ground and air transportation) and on behalf of my heirs, insurers, executors, administrators, successors and assigns, from any and all actions, suits, claims, damages, judgments and executions, whether known or unknown, liquidated or unliquidated, fixed, contingent, direct or indirect (including pain and suffering, punitive damages, death, dismemberment, disability, physical or mental illness or the loss or destruction of the personal property) arising out of any travel relating the the Event.

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 and understand all materials submitted to me in my acceptance letter for the Event. I agree to comply with all stated expectations. All incidences of noncompliance with expectations will result in my dismissal from the Event. If dissatisfied with the Event, I understand that I can leave at any time after a conference with the co-directors.

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 the 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 incidence of noncompliance with any Event rules will result in my dismissal from the Event.

Participant's Name: _____

Birthdate: _____

Email: _____

Local Address: _____

Phone No.: _____

Participant's Signature: _____ Date: _____

EMERGENCY NOTIFICATION INFORMATION:

Emergency Contact's Name: _____

Emergency Contact's Address: _____

Emergency Contact's Phone No.: _____