

LIABILITY RELEASE and LIMITED POWER OF ATTORNEY
For Participation in College of Southern Nevada-Sponsored

OFF CAMPUS ACTIVITIES AND FIELD TRIPS

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I, _____, the undersigned, in order to participate in College of Southern Nevada's course entitled _____, do hereby state and agree as follows:

1. In consideration of permission being granted to me to participate in the above described field trip being sponsored by the College of Southern Nevada, and for other valuable considerations, the receipt and sufficiency of which are acknowledged, I am entering into this release agreement which extends to Board of Regents of the Nevada System of Higher Education (NSHE) on behalf of the College of Southern Nevada, its agents, employees, volunteers, representatives, successors or assigns, both individually and in any capacity, (hereinafter referred to as releasees).

2. I have voluntarily chosen to participate in the field trip and assume all reasonable dangers and risks associated with it. I certify that I am in suitable health and capacity which allows my participation in this field trip.

3. I understand that NSHE and CSN's Policies and Code of Conduct apply to me during the field trip. The following particular risks or dangers related to this field trip have been identified to me: _____.
I recognize my personal responsibility to act appropriately, be aware of my surroundings and not be negligent.

4. I knowingly and voluntarily agree to release, indemnify and hold harmless all releasees as defined above, for or on account of any losses, damages, personal injuries, pain and suffering, death, property damage, or contract claims resulting from, or arising out of, during, or in connection with my enrollment or participation in the above course. This includes any losses or damages connected with or arising out of instruction, training, emergency care, or operations incidental to such programs, whether caused by the negligence of releasees or otherwise.

5. This release agreement shall be construed to be as comprehensive as is allowed by law.

6. I hereby grant College of Southern Nevada and its agents full authority to take whatever actions they may consider to be warranted under the circumstances regarding my health and safety, and I fully release them from any liability for such decisions or actions as may be taken in connection herewith. I further agree to be liable for any and all the expenses incurred by my attorney in fact while he or she is acting under the provisions of this instrument. I understand that I am responsible for my own medical insurance coverage just as I am while attending class on campus.

7. I do further and hereby constitute and appoint an appropriate official of College of Southern Nevada as my attorney in fact to make any and all decisions which he or she believes to be in my best interest as to the obtaining of emergency medical care. I further agree to be liable for

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any and all the expenses incurred by my attorney in fact while he or she is acting under the provisions of this instrument.

Print Name _____ ID # _____
Date of Birth _____ Phone # _____
Local Address _____
E-mail Address _____

Person to Notify in Case of an Emergency:

Name _____
Phone # _____
Address _____
City _____ State _____ Zip _____

Please list any special services you may require due to an existing medical condition or physical disability: _____

Participant Signature _____ Date _____

If you are under 18 years of age, a parent/guardian must sign this also. I certify that I am the parent or legal guardian of the above student, and that I have read the foregoing Release (including such parts as may subject me to personal financial responsibility), and hereby relinquish any claim that I might have against College of Southern Nevada (CSN) or its agents (as set forth above), both in my own behalf and in my capacity as legal representative of the student.

Parent / Guardian Signature _____ Date _____

Witness's Signature: _____

ONE COPY SHOULD REMAIN ON CAMPUS IN A DESIGNATED LOCATION THAT CAN BE ACCESSED IN CASE OF EMERGENCY AND ONE COPY SHOULD ACCOMPANY THE FACULTY/STAFF ADVISOR FOR THE TRIP OR ACTIVITY.