



Name: _____

In consideration of the acceptance of my application for participation in 2023 Herpetology Education Expo, and specifically, I hereby freely agree to and make the following contractual representations and agreements on my behalf. I fully realize the dangers of participating in said event and I voluntarily assume all risks associated with such participation on my behalf. I understand these risks include, by way of example and not limitation the following: the dangers of collision with Event attendees (including teens, adult chaperones, UNR staff and Extension employees), vehicles and fixed or moving objects; the dangers arising from surface hazards, equipment failure, inadequate safety equipment, weather conditions, the handling of reptiles and amphibians, and the danger of being bitten, scratched, stung, as well as property damage or loss; and the possibility of serious physical injury, illness, sunburn, pain, mental trauma or death. (Initial)

I understand that participation in the Herpetology Education Expo is an inherently dangerous activity, and that no one can guarantee my safety while participating in or observing this activity. I understand all of the risks and dangers which arise from this activity and knowing those risks and dangers, it is my wish to participate in and/or to observe this activity. (Initial)

For myself, and our heirs, executors, administrators, legal representatives, assignees and successor in interest (collectively referred to as "successors"), I release, forever discharge and agree not to sue the Nevada System of Higher Education (hereafter referred to as "NSHE"), its employees, agents, members, sponsors, volunteers, officials, spectators, or owners of property on which this activity may be conducted from any and all liability, claims, loss, cost or expense, including, but not limited to, those arising from property damage or loss, injury to my body, mental trauma, or death, and waive on behalf of myself any such claims against any such persons or organizations, arising directly or indirectly from, or attributable in any legal way to, any negligence or other action or omission to act of any such persons or organizations in connection with the sponsorship, or organization or conduct of the above event/activity including travel to and from such event or activity in which I may participate as a participant, spectator or volunteer. I hereby waive all such claims which I have now, or may hereafter have against the above organizations or persons, however caused. (Initial)

I agree that it is my sole responsibility to be familiar with the grounds, buildings, and other facilities, rules, other applicable rules or special regulations for the above event. I understand and agree that situations and conditions may arise prior to, during, or following the event which may be beyond the control of NSHE, its employees, agents, members, sponsors, volunteers, and officials, and I must participate so as to neither endanger myself or others. (Initial)

I agree for myself, and our successors that the above representations and agreements are contractually binding and shall bind me, and our successors for the above event. I agree that if I, or our successors assert any claim or bring any suit in violation of this agreement, I, or any of my successors shall be liable for the expenses (including legal fees) incurred by the other party or parties in defending against such claim or suit. (Initial)

I have carefully read this participation form and fully understand its contents. I am aware this is a release of liability, a waiver of claims, and agreement not to sue, and a contract between myself and NSHE.

| | |
|--------------------------|------------------------|
| Signature of Participant | Address |
| Name _____ | City, State, Zip _____ |
| Date _____ | Phone Number _____ |

Consent (in case of illness or injury and I am unable to give consent):
I consent to any x-ray, examination, anesthetic, medical or surgical diagnosis or treatment and hospital service that may be rendered to me under the general or specific instructions of any physician or hospital. It is understood that this consent is given in advance of any specific diagnosis or treatment which may be required, but is given to encourage university employees, event staff, hospital staff, and such physician to exercise their best judgment as to the requirements of such diagnosis or treatment. The undersigned shall pay all fees for doctors, hospitals and other medical charges reasonable and necessarily incurred.

Signature of Participant _____

| | |
|---------------------------------|--------------------|
| Person to contact in emergency: | |
| Name _____ | Phone Number _____ |
| Physician _____ | Phone Number _____ |

Signature of Cooperative Extension staff: _____