



Alpha Epsilon Delta Nevada Beta
In-Person Volunteering
UNLV / State of Nevada
Assumption of Risk/ Release of Liability Form

I, _____, understand and agree that the In-Person Volunteering sponsored by the Alpha Epsilon Delta (AED) Nevada Beta Chapter involves certain risks and that regardless of the precautions taken by AED NV Beta, some injuries may occur.

Specific risks/hazards involved in the In-Person Volunteering include but are not limited to the following:

- Exposure to COVID-19 from other participating volunteers, staff, or clientele at the event

I understand that the above description of these risks is not complete and that there are unknown or unanticipated risks that may result in injury, illness or death. I agree to refrain from attending events if I am experiencing symptoms, have been exposed to a positive COVID-19 case and have not yet been tested, or received a positive test in the last 14 days and have not yet received a negative result.

I UNDERSTAND THAT IF I AM FEELING SICK OR EXHIBITING SYMPTOMS, I AM NOT TO ATTEND THE EVENT REGARDLESS OF THE EVENT CANCELLATION POLICY. I UNDERSTAND THAT THE OFFICER IN CHARGE OF THE EVENT HAS THE RIGHT TO SEND ME HOME IF I APPEAR ILL OR ADMIT TO COVID-19 EXPOSURE AND/OR DIAGNOSIS.

Knowing this information, in consideration of my participation in In-Person Volunteering, sponsored by AED NV Beta, I expressly and knowingly release the Board of Regents of the Nevada System of Higher Education, on behalf of the University of Nevada, Las Vegas (UNLV) and AED NV Beta, including all officers, agents, volunteers, and employees, from any and all claims and causes of action for property damage, personal injury or death sustained by me arising out of any activity conducted by or under the auspices of AED NV Beta caused by risks associated with this activity and/or the negligence of the sponsoring group.

In addition, I understand and agree that AED NV Beta cannot be expected to control all of the risks articulated in this form but may need to respond to accidents and potential emergency situations. Therefore, I hereby give my consent for any and all medical treatment that may be required during my participation with the understanding that the cost of any such treatment will be my sole responsibility. UNLV does not provide medical insurance for the activities mentioned unless the participants are informed otherwise. As such, participants should review their personal insurance portfolio.

Finally, I voluntarily and knowingly agree to protect, hold harmless, and indemnify the Board of Regents of the Nevada System of Higher Education (NSHE) on behalf of the UNLV and AED NV Beta, and the State of Nevada, their officers, agents, volunteers, and employees, against all claims, demands, or causes of action for personal injury or death, including defense costs and attorney's fees arising out of my participation in In-Person Volunteering sponsored by AED NV Beta. I understand that as a University sponsored event, that the student rights and responsibilities outlined in the UNLV Code of Conduct and all other UNLV policies apply.

I have read the agreement and have willingly signed for the consideration expressed and with a full understanding of its purpose. Participant represents that he/she is eighteen (18) years of age or older and is otherwise competent to execute this agreement, or that his/her legal guardian is also signing.

Print Name: _____ NSHE ID#: _____

Name of Event: _____ Date of Event: _____

Participant Signature _____ Date _____

Parent / Guardian Signature _____ Date _____

*If you are under 18 years of age, a parent/guardian must sign this also. By signing the document, you are saying that you have read, understood, and agree to the conditions set forth in the Assumption of Risk/Release of Liability form.



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All participants must fill out the following section:

Person to Notify in Case of an Emergency

Your Name _____
Date of Birth _____
Contact Name _____
Phone # _____
Address _____
City _____ State _____ Zip _____

Office of Compliance

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

**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.**