



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

OFF CAMPUS ACTIVITIES AND FIELD TRIPS

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

1. In consideration of permission being granted to me to participate in the above described activity or field trip being sponsored by the College of Southern Nevada, and for other valuable consideration, the receipt and sufficiency of which are hereby 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, regents, employees, volunteers, representatives, successors or assigns, both individually and in any capacity, (hereinafter referred to as releases).
2. I have voluntarily chosen to participate in the field trip or activity 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 or activity.
3. I understand that NSHE and CSN's Policies and Code of Conduct apply to me during the field trip or activity. The following particular risks or dangers related to this field trip or activity 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 releases 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 or activity. 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 releases 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.

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 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 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 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.