

---

# Nevada Biomedical Student Pipeline Program

---

## Waiver of Liability

Please read the following form carefully. Sign one copy and include a parent or guardian's signature if you will be less than 18 years of age on the day the workshop begins. This sheet must be signed and received by the first day of the workshop or you will not be allowed to attend the summer workshop. Retain a copy for your records.

**To Whom It May Concern:**

I hereby expressly relieve, indemnify, save and hold harmless the Nevada System of Higher Education, the Community College of Southern Nevada, Truckee Meadows Community College, Great Basin College, and the Nevada Biomedical Student Pipeline Program, and all agents or employees thereof, from and against any and all liability or claims arising from injury or damage to my person or property or both caused by or resulting from my acts, omissions or conduct, or caused by natural disaster or acts of God, while participating in the Nevada Biomedical Student Pipeline Program, including field trips related to said program. I also release and relieve the aforementioned system, colleges, and program, and all personnel thereof from any and all liability or claims arising from injury or damage suffered or incurred by me as a result of the acts, omissions, or conduct of any person, other than the negligence of said system, colleges, or program. I further agree to cooperate and conform to the fullest extent with the direction and instructions of the officials in charge of the program.

\_\_\_\_\_  
Student's Name (Printed)

\_\_\_\_\_  
Student's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent or Guardian's Name (Printed)

\_\_\_\_\_  
Parent or Guardian's Signature

\_\_\_\_\_  
Date

**In case of emergency, who would you like us to notify?**

\_\_\_\_\_  
Name

\_\_\_\_\_  
Phone number

\_\_\_\_\_  
Relationship to student

\_\_\_\_\_  
Primary Physician and phone number (Optional)

