Office of Service-Learning and Civic Engagement
Waiver, Release, and Indemnification Agreement

I, __________________________, am a student enrolled at the University of Nevada, Reno (the “University”), a member institution of the Nevada System of Higher Education (NSHE). I understand and hereby acknowledge that my participation in the University’s Service-Learning and Community Engagement Program (“Service-Learning Program”) is wholly voluntary. In consideration of being allowed to participate in Service-Learning Program at the University, I hereby agree as follows:

1. I understand that my participation in a Service-Learning Program may involve risks not found in study at the University. I understand that participation as a student in a Service-Learning Program will require participating in off-campus assignment with an organization and that the Service-Learning assignment may require mental judgment and a high degree of physical fitness, agility, and dexterity, and that this may require physical fitness, strength, and stamina.

2. I understand that the Service-Learning Program described herein involves the risk of injury or death and the risk of damage to or loss of property. I understand that the Service-Learning Program involves serious dangers and inherent risks, including risks associated with travel to and from such activities in Nevada and California, as well as travel to and in mountainous regions and other remote places. I understand, accept, and voluntarily assume these risks.

3. I understand that neither the NSHE, the University nor the Organization I choose or am placed with will provide medical or health insurance coverage to me during any aspect of my participation in Service-Learning Program. I hereby represent and warrant that I am and will be covered throughout the activity by a policy of comprehensive health and accident insurance that provides coverage for injuries I may sustain in the course of my participation in the activity. I understand I may be required to show proof of insurance coverage prior to my participation in the Service-Learning activity.

4. I understand that I am not an officer, employee, agent or independent contractor of the University or Organization.

5. I, individually, and on behalf of my heirs, successors, assigns and personal representatives, hereby agree to indemnify, defend, and hold harmless the NSHE and the University, and their employees, agents, and representatives, from any and all liability whatsoever for any and all damages, losses, or injuries (including death) I sustain to my person or property or both, including but not limited to any claims, demands, actions, causes of action, judgments, expenses and costs, including attorneys’ fees, which arise out of, result from, occur during, or are connected in any manner with my participation in the Service-Learning Program.
6. To the extent authorized by law, I, individually, and on behalf of my heirs, successors, assigns and personal representatives, hereby release and forever discharge the NSHE and the University and their employees, agents, and representatives, from any and all liability, loss, damage or expense, including attorneys’ fees, that they or any of them incur or sustain as a result of any claims, demands, actions, causes of action, damages, judgments, costs or expenses, including attorneys’ fees, which arise out of, occur during, or are in any way connected with my participation in the Service-Learning Program.

7. To the extent that I, individually, or my heirs, successors, assigns, or personal representatives bring a claim of any kind whatsoever against the NSHE and/or the University, and/or their employees, agents, and representatives, I agree that this Waiver, Release and Indemnification Agreement is to be construed under the laws of the State of Nevada, including the provisions of Nevada Revised Statutes Chapter 41; and that if any portion hereof is held invalid, the balance hereof shall, notwithstanding, continue in full legal force and effect.

In signing this document, I hereby acknowledge that I have read this entire document, that I understand its terms, that by signing it I am giving up substantial legal rights I might otherwise have, and that I have signed it knowingly and voluntarily.

Participant’s Name: ______________________________

Signature: ______________________________

Dated: ______________________________

If participant is a minor:

I am the parent or legal guardian of the Participant. I hereby acknowledge that I have read this entire document, that I understand its terms, that by signing it I am giving up substantial legal rights that I or the Participant might otherwise have, and that I have signed it knowingly and voluntarily. I allow Participant to participate in this Service-Learning Program. I understand that I am responsible for the obligations and acts of Participant as described in this document. I agree to be bound by the terms of this document.

Guardian’s Name: ______________________________

Guardian’s Signature: ______________________________

Dated: ______________________________