



University of Nevada, Reno



### Identification, Emergency Information and Liability Release/Waiver Form

START DATE: September 1, 2018 END DATE: August 31, 2019

I understand that during my voluntary participation in the University of Nevada, Reno/Extended Studies sponsored Osher Lifelong Learning Institute (OLLI) activity or program, I may be exposed to a variety of hazards and risks, foreseen or unforeseen, which are inherent in the activity or program. These risks include, but are not limited to, the dangers of property damage, serious personal injury or death. I understand that risks of such injuries and damages are involved and I appreciate that I have to exercise extra care and caution for myself and for others. I further understand that there may not be rescue or medical facilities or expertise necessary to deal with injuries or damages to which I may be exposed.

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Nickname: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Email: \_\_\_\_\_

**Spouse or other person to be notified in case of emergency:**

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Work/Day Phone: \_\_\_\_\_

**Contingency Emergency Contact:**

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Work/Day Phone: \_\_\_\_\_

**Medical Conditions:**

I understand that if I have a medical condition that may need attention during OLLI activities that I agree to carry a medical card with the appropriate information for first responders to access. I understand that basic first aid may be available to me in the event of an injury or the emergence of a medical condition, however I further understand and agree that emergency care may be requested through first responders at the discretion of the facilitator.

I, the undersigned, hereby acknowledge and understand that neither the University of Nevada, Reno nor the Osher Lifelong Learning Institute assumes responsibility for my welfare or for any injuries, claims or losses arising from my participation in OLLI activities. I agree to hold the Nevada System of Higher Education, the University of Nevada, Reno/Extended Studies, and the trustees, officers, employees, agents and volunteers of these entities, and the Osher Lifelong Learning Institute and its employees, agents and volunteers, and the directors of OLLI activities or programs harmless from all suits, causes of action, claims or demands of every kind and character arising out of and in connection with OLLI activities or programs, even if caused by negligence. I further certify that I have no ailment or organic defect that would make participation in OLLI activities or programs dangerous to my health. I hereby authorize activity or program leaders to act on my behalf according to their best judgment in any emergency requiring medical attention, and hereby waive and release them from any and all liability for injuries incurred while participating in OLLI activities or programs. I understand and intend that this assumption of risk and release is binding upon my heirs, executors, administrators and assigns, and includes any minors accompanying me. In signing this document, I hereby acknowledge that I have read this entire document, that I understand its terms, and that by signing it I am giving up substantial legal rights I might otherwise have, and that I have signed it knowingly and voluntarily.

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

PLEASE PRINT NAME: \_\_\_\_\_

(Rev. 7/2017)