

# COLLEGE OF SOUTHERN NEVADA

## WAIVER OF LIABILITY

I have received and read the attached *Disclosure of Exposure to Potential Health Risks*. By participating in the clinical program, I waive any and all claims and causes of action, present and future, against the Board of Regents, the Nevada System of Higher Education, the College of Southern Nevada, and their respective officers, agents and employees arising out of my participation in clinical program and resulting injury, physical or mental illnesses, disability, or death.

I acknowledge that this waiver is made freely, voluntarily and under no compulsion.

\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
PRINT Student Name

\_\_\_\_\_  
Student ID Number

.....

\_\_\_\_\_  
Parent or Guardian Signature (if applicable)

\_\_\_\_\_  
Date

\_\_\_\_\_  
PRINT Parent or Guardian Signature

.....

\_\_\_\_\_  
Witness Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
PRINT Witness Name

*Copy to:* program director