

Western Nevada College

WAIVER, RELEASE, AND INDEMNIFICATION AGREEMENT

therein. I will become informed of, and will abide by, all such laws and standards for each country to or through which I will travel during my participation in the Travel Program, including attending any and all Travel Program orientation meetings and reading all materials the Travel Program provides. I will take care of any legal problems I encounter with any foreign nationals or government of the host country or any country to or through which I travel during my participation in the Travel Program. I understand that WNC is not required to provide any assistance under such circumstances.

I understand and acknowledge that should my participation in the Travel Program be terminated, I will receive no refund of any fees, I am required to leave the Travel Program immediately, and that I am solely responsible for arranging and paying for my own transportation back to the United States.

ASSUMPTION OF RISK: I understand that there are potential dangers incidental to my participation in the Travel Program, some of which may be dangerous and which may expose me to the risk of personal injuries, property damage, or even death. I understand that there are potential risks as a consequence of my participation in the Travel Program which include, but are not limited to the following: to travel to and within, and returning from, one or more foreign countries, dangers to my own health and personal safety, including loss of property, personal injury, or death posed by war, terrorism, crime, civil unrest, kidnapping, illness, public health risks, accidents, violence and/or acts of God and other risks that are unknown at this time. **I KNOWINGLY AND VOLUNTARILY ASSUME ALL SUCH RISKS, BOTH KNOWN AND UNKNOWN, EVEN IF ARISING FROM THE ACTS OF NSHE OR THE UNIVERSITY, UNLESS THEY ARISE FROM NSHE OR WNC S NEGLIGENT OR INTENTIONAL ACT,** and I assume full responsibility for my participation in the Travel Program.

PERSONAL INSURANCE: I understand that neither NSHE nor WNC will provide health or travel insurance coverage to me during any aspect of my participation in the Travel Program. I hereby

vehicle rental reservations; missed carrier connections; sickness, disease, injuries (including death),

CONTROLLING LAW: To the extent that I, individually, or my heirs, successors, assigns, or personal representatives bring a claim of any kind whatsoever against NSHE and/or WNC and/or their officers, employees, agents, volunteers 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.

SEVERABILITY: If any term