CLARK COUNTY COURT EDUCATION PROGRAM
CORONER'S VISITATION PROGRAM
200 LEWIS, 4TH FLOOR, LAS VEGAS, NV 89155
PHONE: (702) 671-3280

CONFIDENTIALITY AGREEMENT, RELEASE OF LIABILITY AND CONSENT

The undersigned juvenile, as ordered or required in accordance with NRS Chapter 62, will participate in the Coroner's Visitation Program at the Clark County Coroner's Office.

The development of the Coroner's Visitation Program is a joint effort of the Coroner's Office, Department of Family and Youth Services, the Clark County Court Education Program and the Eighth Judicial District Court. The purpose of the program is to promote an understanding that the consequences resulting form reckless and violent behaviors may be death. The Court Education Program has been selected to administer and facilitate the operations of the program.

The undersigned juvenile will participate in a course exposing him/her to the consequences of actions resulting in death through a guided review of local case histories. The course will involve a tour of the Coroner's Office and participants will be exposed to the sights, smells and scenes of death resulting from the choice to use drugs and alcohol, reckless behaviors, and violent behaviors. The undersigned juvenile will not see an autopsy, but will be exposed to all aspects of the Coroner's Office, including but not limited to covered bodies, and skeletal remains. The undersigned juvenile will also be exposed to graphic and/or emotionally upsetting material, including but not limited to photos, slides, and videotapes.

The undersigned juvenile agrees to hold in strictest confidence the names and/or identities and personal information of any person and/or decedents revealed through the study of local ease histories.

The undersigned expressly and knowingly assumes any and all risks arising from and related to this program. The undersigned expressly agrees to fully and forever release, acquit, waive and discharge liability of the Clark County Coroner's Office, Department of Family and Youth Services, Court Education Program and the Eighth Judicial Court and any of their officers, employees, volunteers, agents or independent contractors, for any sole act, joint act and/or omission (not amounting to gross negligence or willful misconduct), resulting in individual or collective claims (s), losses, damages, personal injuries, emotional distress or illness of the undersigned.

The parent and guardian of the undersigned juvenile hereby consent and authorize the undersigned juvenile to attend, participate and complete the Coroner's Visitation Program.

Signature:_____ _____ Date:_____
Participant- Print Participant – Sign

Signature:_____ _____ Date:_____
Parent or Guardian – Print Parent or Guardian – Sign

SAMPLE

CLARK COUNTY COURT EDUCATION PROGRAM
CORONER'S VISITATION PROGRAM
200 LEWIS, 4TH FLOOR, LAS VEGAS, NV 89155
PHONE: (702) 671-3280

PERSONAL PROFILE

Coroner's Visitation Program Date:_____

Name_____ DOB_____

Address_____ Zip Code_____

Parent's Address_____ Phone( )_____

Please answer the following questions:

1. Are you presently taking or have you taken within the past two years medication prescribed by your doctor? Yes No

   A. If yes, please list: _____

   B. Within the last two years: _____

2. Has anyone in your family died within the last two years? Yes No

   What were the circumstances: _____

   Have you experienced the loss of a friend? _____

   What were the circumstances? _____

3. Do you feel that you would benefit from visiting the Coroner's Office?

   Yes No If no, why? _____

4. Have your received counseling, therapy, or hospitalization for emotional problems:

   Yes No If yes, give a description of the problem:

   _____

5. Have you ever fainted at the sight of blood? Yes No

6 Have you ever become physically sick or vomiting at the sight of blood or an injured person?

   Yes No

Additional comments you would like to make: _____

_____

_____

SAMPLE

CLARK COUNTY COURT EDUCATION PROGRAM
CORONER'S VISITATION PROGRAM
200 LEWIS, 4TH FLOOR, LAS VEGAS, NV 89155
PHONE: (702) 671-3280

CONSENT FORM

As a participant referred to the Coroner's Visitation Program, I understand that the purpose of the program is to alter violent and unsafe behaviors. I also understand that:

1. I will be viewing actual photos presented on videos, slides or computer.
2. I may hear or read about tragic stories as told by relatives or the instructor.
3. I will walk through the Coroner's Office and may experience overwhelming smells, view blood, body parts or deceased covered bodies.
4. I will complete a "contract of change" and essay.

This course will take three (3) hours. Students will be encouraged to express their reactions to the experience and certificates will be awarded upon successful completion of the essay.

I have been informed of the above and understand the purpose, nature and scope of the program and agree to participate in this course.

The following are the days and times of each program.

Wednesday – Safety 6:00pm – 9:00pm

THESE DAYS ARE SUBJECT TO CHANGE AT ANYTIME.

You are scheduled for class on _____. If you have any questions or problems please contact our office at (702) 671-3280

Signature: _____ _____ Date: _____
Participant – Print Participant – Sign

Signature: _____ _____ Date: _____
Parent or Guardian – Print Parent or Guardian – Sign

SAMPLE