UNIVERSITY OF NOTRE DAME
WAIVER, RELEASE AND INDEMNIFICATION AGREEMENT
Spring Visitation Program 2016

I,_____, am the parent or guardian of a minor who will be participating in the *2016 Spring Visitation Program* (the "Program") at the University of Notre Dame du lac ("the University") in Notre Dame, IN during the period of *April 7 – April 10, 2016*.

I am fully aware that my child's participation in the Program is totally voluntary.

In consideration of the University's agreement to permit my son(s) or daughter(s) to participate in the aforementioned Program, the receipt and sufficiency of which consideration is hereby acknowledged, I agree as follows:

1) I, individually, and on behalf of my minor child and our respective heirs, successors, assigns and personal representatives, hereby release, and acquit and forever discharge the University and its employees, agents, servants, officers, trustees, and representatives (in official and individual capacities) from any and all liability whatsoever for any and all damages, losses or injuries to persons or property or both, including but not limited to any claims, demands, actions, causes of actions, damages, costs, expenses and attorneys' fees, which arise out of, during or in connection with my child's participation in the aforementioned Program. I hereby release and discharge the University from any and all negligence, including the University's own negligence (but not its own gross negligence or willful and wanton misconduct), in connection with my minor child's attendance at, or participation in the Program, including travel.

2) I, individually, and on behalf of my minor child and our respective heirs, successors, assigns and personal representatives, hereby agree to indemnify, defend and hold harmless the University and its employees, agents, servants, officers, trustees and representatives (in their official and individual capacities) from any and all liability, loss or damage they or any of them incur or sustain as a result of any claims, demands actions, cause of action, judgments, costs or expenses, including attorney's fees, which result from, arise out of or relate to my child's participation in the aforementioned Program, including travel.

3) I agree that this Release, Waiver, and Indemnity Agreement is intended to be as broad and inclusive as permitted by the laws of the State of Indiana, and if any portion hereof is held invalid, it is agreed that the balance hereof shall, notwithstanding, continue in full legal force and effect.

4) I hereby acknowledge and accept that there are certain risks, including, but not limited to bodily injury, paralysis and death, that could result from my or my child's participation in the aforementioned Program at the University or off campus locations. I have knowingly and voluntarily decided to assume the risks of these inherent dangers in consideration of the University's permission to allow my minor child to participate in the aforementioned Spring Visitation Program.

5) I hereby consent to any publicity, including the University's use of my name and likeness, worldwide for any purpose, including educational and advertisement purposes, and in any format, including on website display and on CDs/DVDs. I waive any right to inspect and/or approve the final production of such photographs and/or videos which may be used in connection with my participation in the Programs. I release and discharge the University of all responsibility and liability for damages of any kind (including, but not limited to, invasion of privacy; defamation; false light or misappropriation of name, likeness or image) arising out of the use or publication of photographs and/or videos of my minor child by the University. I further waive any claim for compensation of any kind for the University's use or distribution of photography and/or video footage of my child. I understand that this grant of permission and consent is irrevocable.

In signing this Release, Waiver, and Indemnity Agreement, I hereby acknowledge and represent that I have read this entire document, that I understand its terms and provisions, that it effects my legal rights and those of my child, that it is a binding Agreement, and that I have signed it knowingly and voluntarily.

Dated: _____

_____	_____
Parent or Guardian's Signature	Prospective Student's Signature
_____	_____
Phone number in case of emergency	Prospective Student's name (printed)

UNIVERSITY OF NOTRE DAME

HEALTH INFORMATION AND CONSENT FOR EMERGENCY MEDICAL TREATMENT FORM

Program Attending: Spring Visitation Program **Dates of Program: April 7-10, 2016**

Student Name: _____ Birthdate:_____

Permission for Treatment: The health history provided on this form is correct to the best of my knowledge. By my signature below, I hereby grant permission and authorize the provision of emergency medical treatment in the event of an emergency involving an illness or injury while participating in a visit to the University of Notre Dame.

Release of Information: By my signature below, I authorize the University of Notre Dame to release medical information regarding the above named person to any person or entity to whom the University of Notre Dame refers the prospective student for medical treatment, including without limitation the University Health Service at Notre Dame.

TO GRANT CONSENT

I, (we) _____ of _____ ,
(City, State)

the parent(s)/legal guardian(s) of _____, do hereby state that should an
(Name of Child)

emergency arise while the above named prospective student is visiting the University of Notre Dame, I, (we) do hereby authorize the University's staff to obtain emergency medical treatment attention for him/her. I, (we) do hereby give consent to any necessary examination, anesthetic, medical diagnosis, surgery or treatment, and/or hospital care to be rendered under the general or special supervision and on the advice of any physician or surgeon licensed to practice medicine during the program period.

♦Family Doctor: _____ Phone: _____

♦Family Dentist: _____ Phone: _____

♦Medical Insurance: _____, _____, _____
(ID Number) (Group Number) (Member's Name)

♦Medical History: Allergies, if any, including medication and foods: _____
_____

♦Chronic or existing diseases or medical problems (e.g. diabetes, epilepsy): _____
_____

♦Medicines now being taken and dosage: _____

♦Date of last Tetanus injection or booster (if known): _____

♦Any physical restrictions: _____

I, (we) can be reached at the following phone numbers(s) in an emergency:

_____, (____) _____
(Name and Location) (Phone)

_____, (____) _____
(Name and Location) (Phone)

_____ Dated _____
(Signature(s) of Parent(s)/Legal Guardian(s))

_____Dated_____
Signature of Prospective Student

Agreement of Behavioral Expectations for Student Visitors to Notre Dame

We are excited to meet you and hope that after spending a few days with us, you begin to see what it means to be a part of the Notre Dame family. As a Catholic university, Notre Dame has a distinct mission – focused on developing the whole person. Our policies and procedures are intended to contribute to the moral, intellectual, spiritual and social growth of the individuals and groups that constitute this community. As our guests for the weekend, we trust that you will respect all of the policies as outlined by du Lac: A Guide to Student Life, particularly:

All students and guests are responsible for complying with University regulations and Indiana laws regarding possession or consumption of alcohol. **Any person under 21 years of age is underage in the State of Indiana.** All students and guests are expected to comply with Indiana law at all times. Students and guests may be subject to disciplinary action for underage consumption, possession or transportation of alcoholic beverages.

In order to make the weekend as productive as possible and for the safety of all those participating, we ask that you:

1. Remain on-campus at all times, except for official events sponsored by the Office of Undergraduate Admissions.
2. Arrive at all events on time and participate in the activities scheduled throughout the weekend.
3. Be mindful of prospective students, current students, and staff involved, e.g., maintain good communication with your host, respect dorm rules and property, and notify student coordinators or counseling staff of any immediate or pressing concerns.

By signing below, I acknowledge that I have read and understand the policies and procedures that I am expected to follow during my visit to the University of Notre Dame. Furthermore, I agree to abide by all the terms listed above and understand that if I do not, my admission to the University of Notre Dame will be reconsidered.

Date: _____

_____ _____

Student Signature Parent Signature

_____ _____

Print Student Name Print Parent Name