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

I,	, am the pare	nt or guardian of a minor who will be participating in the
	Reilly Visitation Program (the "Program") at the Unthe period of February 20 – February 23, 2016.	niversity of Notre Dame du lac ("the University") in Notre Dame, IN
I am fu	ally aware that my child's participation in the Progra	am is totally voluntary.
	sideration of the University's agreement to perm m, the receipt and sufficiency of which consideration	nit my son(s) or daughter(s) to participate in the aforementioned on is hereby acknowledged, I agree as follows:
1)	representatives, hereby release, and acquit and for officers, trustees, and representatives (in official any and all damages, losses or injuries to personands, actions, causes of actions, damages, connection with my child's participation in the University from any and all negligence, including	child and our respective heirs, successors, assigns and personal orever discharge the University and its employees, agents, servants, and individual capacities) from any and all liability whatsoever for sons or property or both, including but not limited to any claims, osts, expenses and attorneys' fees, which arise out of, during or in the aforementioned Program. I hereby release and discharge the g the University's own negligence (but not its own gross negligence tion with my minor child's attendance at, or participation in the
2)	representatives, hereby agree to indemnify, def servants, officers, trustees and representatives (i loss or damage they or any of them incur or so	child and our respective heirs, successors, assigns and personal fend and hold harmless the University and its employees, agents, in their official and individual capacities) from any and all liability, ustain as a result of any claims, demands actions, cause of action, ey's fees, which result from, arise out of or relate to my child's
3)		Agreement is intended to be as broad and inclusive as permitted by ion hereof is held invalid, it is agreed that the balance hereof shall, effect.
4)	death, that could result from my or my child's p campus locations. I have knowingly and volu	ertain risks, including, but not limited to bodily injury, paralysis and participation in the aforementioned Program at the University or off intarily decided to assume the risks of these inherent dangers in allow my minor child to participate in the aforementioned Reilly
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 or CDs/DVDs. I waive any right to inspect and/or approve the final production of such photographs and/or video 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.	
docum		ent, I hereby acknowledge and represent that I have read this entire it effects my legal rights and those of my child, that it is a binding tarily.
Dated:		
Parent	or Guardian's Signature	Prospective Student's Signature

Phone number in case of emergency Prospective Student's name (printed)

## <u>UNIVERSITY OF NOTRE DAME</u> HEALTH INFORMATION AND CONSENT FOR EMERGENCY MEDICAL TREATMENT FORM

Program Attending: Reilly	Visitation Program Dates of Program: February 20-23, 2016
Student Name:	Birthdate:
signature below, I hereby gra	the health history provided on this form is correct to the best of my knowledge. By my not permission and authorize the provision of emergency medical treatment in the event illness or injury while participating in a visit to the University of Notre Dame.
information regarding the abo	my signature below, I authorize the University of Notre Dame to release medical ove named person to any person or entity to whom the University of Notre Dame refers nedical treatment, including without limitation the University Health Service at Notre
	TO GRANT CONSENT
I. (we)	of .
, ( )	of, (City, State)
the parent(s)/legal guardian(s)	of, do hereby state that should an (Name of Child)
hereby authorize the Universi give consent to any necessary to be rendered under the gen practice medicine during the p	•
♦ Family Doctor:	Phone:
♦ Family Dentist:	Phone:
♦ Medical Insurance:	Number) ,,,,,
	if any, including medication and foods:
◆ Chronic or existing diseases	or medical problems (e.g. diabetes, epilepsy):
◆ Date of last Tetanus injection	and dosage:
I, (we) can be reached at the f	ollowing phone numbers(s) in an emergency:
(Name and Location)	(Phone)
(Name and Location)	(Phone)
	Dated
(Signature(s) of Parent(s)/Leg	al Guardian(s))
	Dated
Signature of Prospective Stud	ent