

UNIVERSITY OF NOTRE DAME
DNA Learning Center Summer Camp Lab Waiver
STATEMENT OF RESPONSIBILITY, WAIVER, RELEASE, AND INDEMNIFICATION AGREEMENT FOR MINORS

I, _____, being of legal age, have requested that the University permit my minor child to participate in Academic Research (the "Research") sponsored by the University of Notre Dame du Lac, Notre Dame, Indiana ("the University") during the period _____ through _____. I understand and acknowledge that my child's participation in the Research is wholly voluntary. In consideration of the University's agreement to permit my child to participate in the Research, the receipt and sufficiency of which consideration is acknowledged, I agree as follows:

1) I acknowledge and accept that there are certain risks, both known and unknown, including serious bodily injury, illness, infection (including by COVID), disease and death that could arise from my child's participation in the Research that will include working in teaching and research laboratories. I knowingly and voluntarily agree to assume the risks of these inherent dangers in consideration of the University's permission to allow my minor child to participate in the Research.

2) I, individually, and on behalf of my minor child and our respective heirs, successors, assigns and personal representatives, release, acquit and forever discharge the University, and its employees, students, agents, officers, trustees and representatives (in their official and individual capacities) from any and all liability whatsoever, including liability for the University's own negligence, for any and all damages, losses or injuries to persons and/or property, including death, mental anguish or emotional distress, including but not limited to any claims, demands, actions, causes of action, damages, costs, expenses (including hospital and medical expenses and deductibles) and/or attorneys' fees, which arises out of or results from my minor child's participation in the Research, including travel and including without limitation any loss, claim, demand or suit that my minor child might assert once he/she attains the age of majority.

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

4) I agree that this Waiver, Release and Indemnification Agreement is governed by the laws of the State of Indiana and is intended to be as broad and inclusive as permitted by Indiana law. If any portion of this Agreement is held invalid, it is agreed that the balance of this Agreement shall, notwithstanding, continue in full legal force and effect. In the Research of any cause of action, I agree that exclusive jurisdiction concerning this Agreement lies with the St. Joseph County Superior Court or the U.S. District Court for the Northern District of Indiana.

5) I hereby consent to any publicity, including the University's use of my minor child's 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 child's participation in the Research. 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.

6) I acknowledge and accept that the University reserves the right to require my minor child to submit health screenings, including infectious disease health screenings, prior to or during my minor child's participation in the Research at the University's discretion. Refusal to submit to such screenings will result in a denial of entry or removal from the Research. The University reserves the right to refuse to admit into or remove my minor child from the Research on the basis of demonstrated or suspected illness.

7) In signing this Waiver, Release and Indemnification Agreement, I acknowledge and represent that I have read this entire document, that I understand its terms and provisions, that I understand it affects my legal rights and the legal right of my child, that it is a binding Agreement, and that I have signed it knowingly and voluntarily.

Signature

Printed Name

Date

Child's Name: _____