UNIVERSITY OF NOTRE DAME DNA Learning Center PROGRAM

STATEMENT OF RESPONSIBILITY, WAIVER, RELEASE, AND INDEMNIFICATION AGREEMENT FOR MINORS

	I, _						_, being of le	gal age,	have	requeste	ed that the University permit	my minor
child to	part	icipate	e in the	DNA Lea	irning Cei	nter Su	ımmer Progra	mming (the "I	Program") sponsored by the Universit	y of Notre
Dame	du	Lac,	Notre	Dame,	Indiana	("the	University")	during	the	period		through
				I unde	erstand a	nd ack	nowledge tha	t my chi	ld's p	articipation	on in the Program is wholly	voluntary.
				•	•		permit my chas follows:	ild to pa	rticip	ate in the	e Program, the receipt and s	sufficiency

- 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 Program, including my child's travel in connection with the Program. 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 Program.
- 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 Program, 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.
- 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 Program 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 event 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) The University reserves the right in its sole discretion to dismiss my child from the Program at any time should my child's actions or general behavior disrupt, interfere with, or otherwise impede the operation of the Program or the rights or welfare of any person. Similarly, if my minor child's conduct violates any policy or procedure of the University, I agree and understand that my child may be required to leave the Program as determined by the University in its sole discretion. If payment was remitted for the Program prior to any such dismissal, I will not receive any refund (pro-rated or otherwise) for any portion of the Program that my child is unable to complete. I understand that the University reserves the right in its sole discretion to cancel the Program or any component thereof prior to departure.
- 6) 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 Program. 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.

from the Prog	ram. The University reserves the right to refuse to admit into or emonstrated or suspected illness.	9
	In signing this Waiver, Release and Indemnification Agreeme document, that I understand its terms and provisions, that I by child, that it is a binding Agreement, and that I have signed it	understand it affects my legal rights and the
Signature	Printed Name	 Date
Child's Name:		

submit health screenings, including infectious disease health screenings, prior to or during my minor child's participation in the Program at the University's discretion. Refusal to submit to such screenings will result in a denial of entry or removal

7) I acknowledge and accept that the University reserves the right to require my minor child to