

## WAIVER AND CONSENT

**In consideration of the University of Notre Dame's ("Notre Dame") acceptance of my child into its Summer Sports Camp ( \_\_\_\_\_ ) ("Camp") and its provision of the Camp and related services and activities to my child, I agree as follows:**

**WAIVER OF LIABILITY:** I, individually, and on behalf of my minor child and our respective heirs, successors, assigns and personal representatives, release, acquit and forever discharge Notre Dame and its employees, agents, officers, trustees, contractors 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 (including death, mental anguish or emotional distress) to persons and/or property, including but not limited to any claims, demands, actions, causes of action, damages, judgments, costs, expenses (including hospital and medical expenses or deductibles) and/or attorney's fees, that occur during, result from, arise out of or relate in any manner to my child's participation in, attendance at, or involvement with the Camp, including without limitation any loss, claim, demand, or suit that my child might assert once he/she attains the age of majority. I understand and acknowledge that, as part of my child's participation in, attendance at, and involvement with the Camp, Notre Dame may transport my child to and from off-site athletic facilities, which transportation shall be covered by this Waiver of Liability provision. In the event of an accident, injury (including death), illness or other damage sustained by my child during his/her participation in, attendance at, or involvement with the Camp (which for all purposes herein includes transportation to and from athletic facilities), I understand and acknowledge that my only remedy and my child's only remedy will be the coverage, if any, provided by the medical insurance policy covering participants in the Camp as explained in this registration form and set forth in the insurance policy.

**PUBLICITY CONSENT:** I grant Notre Dame and its employees, agents, officers, trustees, contractors, representatives, successors, licensees and assigns permission: (1) to photograph, video, or otherwise capture permanently in any form or medium my child's image, likeness, words, verbal expressions, or other depiction (hereinafter the "Images") in connection with my child's participation in, attendance at, and involvement with the Camp; (2) to edit, crop, or retouch such Images; and (3) to use the Images worldwide for any purpose, including educational, broadcasting, and advertisement purposes, and in any medium, including print and electronic. I understand that Images may be used with or without associating names thereto. I waive any claim for compensation of any kind for the use or publication of Images. I also waive any right to inspect or approve Images prior to their use. I agree that the permissions, understandings, and waivers set forth in this paragraph are irrevocable, and that all are provided by me individually and on behalf of my minor child and our respective heirs, successors, assigns and personal representatives.

**MEDICATION AND WAIVER OF LIABILITY:** I also understand and acknowledge that Notre Dame does not have the medical staff or resources available during the Camp to store or administer prescription or non-prescription medications for my child. I have decided that my child is capable of taking his or her own medication(s) throughout his or her stay at Notre Dame, or that one of my child's parents or his or her legal guardian will be personally present and available to administer the medication to my child

throughout the Camp. If my child possesses any medications (prescription or non-prescription), I understand that it will be my child's sole responsibility to safeguard and self-administer the medication at all times. Notre Dame will not be responsible for lost or stolen medication(s). I, individually, and on behalf of my minor child and our respective heirs, successors, assigns and personal representatives, release, acquit and forever discharge Notre Dame and its employees, agents, officers, trustees, contractors 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 (including death, mental anguish or emotional distress) to persons and/or property, including but not limited to any claims, demands, actions, causes of action, damages, judgments, costs, expenses (including hospital and medical expenses or deductibles) and/or attorney's fees, that arise out of or relate in any manner to the use, misuse, theft, loss or failure to adequately safeguard my child's medication at any time, including without limitation any loss, claim, demand, or suit that my child might assert once he/she attains the age of majority.

**CONSENT TO TREATMENT:** I hereby grant permission to the staff and physicians at Notre Dame, and any other medical provider deemed advisable by Notre Dame, to render the registered camper any medical or surgical treatment that they deem necessary in an emergency. I understand that Notre Dame will make all reasonable efforts to inform me in the event of such treatment.

**PARENT AUTHORIZATION/RELEASE OF INFORMATION**

- I attest that I am the parent or legal guardian of the registered camper, who is a minor child (younger than age 18).
- I attest that the registered camper's Health Form is correct to the best of my knowledge and confirm that my child has my permission to participate in Camp activities, with the exception of those noted on the Health Form.
- I authorize University of Notre Dame medical providers to release medical information regarding my child to interested parties, including parents and family physician.
- I attest that I have read the WAIVER OF LIABILITY, PUBLICITY CONSENT, MEDICATION AND WAIVER OF LIABILITY and CONSENT TO TREATMENT provisions above, that I fully understand their terms, and that I am aware that these provisions affect my legal rights and those of my minor child.
- I agree to the WAIVER OF LIABILITY, PUBLICITY CONSENT, MEDICATION AND WAIVER OF LIABILITY and CONSENT TO TREATMENT provisions above freely and voluntarily, without any inducement.

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Parent Signature

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Date