UNIVERSITY OF NOTRE DAME WAIVER, RELEASE AND INDEMNIFICATION AGREEMENT COLLEGE OF SCIENCE

l,	_, being of legal age,	have requested that the	University permit me to participat	te in
an experiential learning program through the Colle "Program") sometime during the period	ege of Science in	_[City/State]	202	(the
understand and acknowledge that the Program is part	ially sponsored by the	, 202 to University of Notre Dan	, 202 ne du Lac Notre Dame Indiana ('	. I "the
University"). In consideration of the University's agree				
consideration is acknowledged, I agree as follows:				
1) I, individually, and on behalf of my heirs, there are certain risks, both known and unknown, indeath, emotional and psychological injury, mental and Program. I knowingly and voluntarily agree to assume to allow me to participate in the Program.	cluding serious bodily guish and social and e	injury, illness, infection economic losses that co	in (including by COVID), disease ald result from my participation in	and the
2) I, individually, and on behalf of my hei discharge the University, and its employees, studer capacities) from any and all liability whatsoever, includinguries to persons and/or property, including death, demands, actions, causes of action, damages, cost attorneys' fees, which arises out of or results from my	nts, agents, officers, iding liability for the Un , mental anguish or its, expenses (includir	trustees and representa iversity's own negligenc emotional distress, incl ng hospital and medica	atives (in their official and indivion e, for any and all damages, losse uding but not limited to any clai	dual s or ims,
3) I, individually, and on behalf of my he and hold harmless the University, and its employees, s capacities) from any and all liability, loss or damage th causes of action, judgments, costs or expenses, incluthe Program, including travel.	tudents, agents, office ey or any of them ma	ers, trustees and represe y incur or sustain as a re	ntatives (in their official and individual sult of any claims, demands, action	dual ons,
4) I agree that this Waiver, Release and intended to be as broad and inclusive as permitted by balance of this Agreement shall, notwithstanding, con exclusive jurisdiction concerning this Agreement lies we District of Indiana.	y Indiana law. If any itinue in full legal force	portion of this Agreemer e and effect. In the ever	nt is held invalid, it is agreed that it of any cause of action, I agree	the that
5) I hereby consent to any publicity, incand/or approve the final production of such photogram.				
6) I acknowledge and accept that the infectious disease health screenings, prior to or during to such screenings will result in a denial of entry or remove me from the Program on the basis of democrams.	g my participation in temoral from the Progr	the Program in the University res	ersity's discretion. Refusal to sub	bmit
7) I understand and acknowledge that delays, delayed or changed departure or arrival times acts of God, circumstances beyond the control of the bankruptcies of service providers, inconveniences, of howsoever caused in connection with any accommodal carrier beyond the University's control, with or without	s, sickness, disease, le e University, criminal cessation of operation tions, restaurants, tra	njuries (including death activity, expense, accions, mechanical defects, nsportation, or other serv), losses, damages, weather, stril lent, injuries or damage to prope failure or negligence of any na vice or for any substitution of comr	kes, erty, iture
8) In signing this Waiver, Release and Ir document, that I understand its terms and provisions, I have signed it knowingly and voluntarily.	_	_		
Signature	Printed Name		Date	