

WAIVER AND CONSENT

WAIVER OF LIABILITY: In consideration of my child's acceptance and participation in the University of Notre Dame ("Notre Dame") Sports Camp/Clinic ("Camp"), I, individually and on behalf of my minor child, do hereby release and forever discharge Notre Dame and its officers, trustees, employees, contractors and representatives from all liability of any kind for any claim, demand, action, cause of action, damage, judgment, cost or expense that arises out of, occurs during or relates in any manner to my child's participation in, attendance at, activities at, or incidental to the aforementioned Camp, including without limitation those that my child might assert once he/she attains the age of majority. In the event of an accident, injury (including death), illness or other damage sustained by my child while traveling to or from, or during his or her attendance at, the Notre Dame Camp, I understand and hereby 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 brochure and set forth in the insurance policy. I also understand and acknowledge that Notre Dame may transport my child to off-site athletic facilities. I, individually and on behalf of my minor child, do hereby release and forever discharge Notre Dame and its officers, trustees, employees, contractors and representatives from all liability of any kind for any claim, demand, action, cause of action, damage, judgment, cost or expense that arises out of, occurs during or relates in any manner to my child's travel to off-site athletic facilities in connection with the Camp, including without limitation those that my child might assert once he/she attains the age of majority.

PUBLICITY CONSENT: I hereby give Notre Dame, its assigns, contractors, licensees, and legal representatives the irrevocable right to use my minor child's name, picture, voice and/or likeness in all forms and media and in all manners for advertising, for promotion, or for any other lawful purposes, and I waive any right to inspect or approve the finished product, including written copy, that may be created in connection with my child's participation or attendance at the Camp.

MEDICATION AND WAIVER OF LIABILITY: I also understand and acknowledge by my signature below 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 child and our respective heirs, successors, personal representatives and assigns, hereby release and forever discharge Notre Dame and its officers, trustees, employees, contractors and representatives from all liability of any kind for claim, demand, action, cause

of action, damage, judgment, cost or expense that arises out of or relates in any manner to the use, misuse, theft, loss or failure to adequately safeguard my child's medication at any time, including without limitation those 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 above named camper any medical or surgical treatment that they deem necessary in an emergency. I understand that Notre Dame will make all possible effort to inform me in the event of such treatment.

INSURANCE: Accidental death and dismemberment coverage is provided according to a schedule with a maximum principal sum of \$1,000; medical expense coverage is provided with a maximum of \$50,000. Claims up to \$250 per claim are paid on a primary basis; claims over \$250 (to a maximum of \$50,000) are paid on an excess basis, meaning that a family or employer group coverage must pay its maximum first. This refers to medical expenses incurred because of injury sustained during scheduled and supervised camp/clinic activities. Hernias are not covered. The contracting of illness or disease by campers is not covered under this plan. Payment for medication and/or hospitalization needed by camper as a result of illness or disease is the responsibility of the camper and his/her parents. Any additional coverage desired will also be the responsibility of camper's parents/guardian.

PARENT AUTHORIZATION /RELEASE OF INFORMATION

By signing below, I attest that the 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 Camper's 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 have read the WAIVER OF LIABILITY, PUBLICITY CONSENT, MEDICATION AND WAIVER OF LIABILITY and CONSENT TO TREATMENT provisions above, fully understand their terms, understand that I give up substantial rights by signing below, and sign below freely and voluntarily without any inducement. I further acknowledge that I am the parent or legal guardian of the camper.

Parent/Guardian PRINT & date

Parent/Guardian Signature