

## **PARTICIPATION WAIVER**

We require all Exhibitors in the NIRSEF and their parents/guardians to complete the Participation Waiver and **return it upon check-in at the NIRSEF.**

**No Exhibitor will be allowed to display their project unless the Waiver is signed and on file.**

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### **NORTHERN INDIANA REGIONAL SCIENCE & ENGINEERING FAIR (NIRSEF)**

#### **Waiver, Release and Indemnification Agreement**

In consideration of the University of Notre Dame du Lac, Notre Dame, Indiana (the "University") agreement to permit my minor child to participate in the 2019 Northern Indiana Regional Science & Engineering Fair (the "Fair"), the receipt and sufficiency of which consideration is hereby acknowledged, I, individually, and on behalf of my minor child, hereby release, acquit and forever discharge the University and its employees, students, agents, servants, Officers, Trustees and representatives (in their official and individual capacities) from any and all liability whatsoever for any and all damages, losses or injuries (including death), mental anguish or emotional distress, to persons and/or property. I further agree to indemnify, defend and hold harmless the University and its employees, agents, servants, Officers, Trustees and representatives (in their official and individual capacities) from any and all liability, loss or damage that they or any of them incur or sustain as a result of any claims, demands, actions, causes of action, judgments, costs, expenses (including hospital and medical expenses), and/or attorneys fees, which arise out of my minor child's participation in the Fair. I hereby consent to any publicity, including the use of my minor child's name and likeness, and waive any right to inspect and/or approve any photography, film videotape, recordings or advertising copy which may be used in connection with my minor child's participation in the Fair. I agree to assume responsibility for my minor child's intake and release from the Fair.

In signing this Waiver, Release and Indemnification Agreement, I hereby acknowledge and represent that I have read this entire document, that I understand its terms and provisions, that by signing it I am giving up substantial legal rights I, or my minor child, might otherwise have, that it is a binding agreement, and that I have signed it knowingly and voluntarily.

I agree to allow a Registered Nurse to administer the medications below if my child requests them (check all that apply):

☐ Acetaminophen

☐ Ibuprofen

☐ Antacid

<b>Parent/Guardian Signature</b>	<b>Exhibitor Name (Printed)</b>	<b>Date</b>

Emergency Contact Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_