

**2009 EXPANDING YOUR HORIZONS CONFERENCE - ADULT
WAIVER, RELEASE AND INDEMNIFICATION AGREEMENT**

I, _____, being of legal age, have requested to participate in the 2009 Expanding Your Horizons Conference (“Program”) at the University of Notre Dame du Lac Notre Dame, Indiana on April 25, 2009, sponsored by the University of Notre Dame and Expanding Your Horizons Corporation (the “University”). I am fully aware that my participation in this Program is totally voluntary.

In consideration of the University’s agreement to permit me to participate in the aforementioned Program, the receipt and sufficiency in which consideration is hereby acknowledged, I agree as follows:

1) I, individually, and on behalf of my respective heirs, successors, assigns and personal representatives, 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 and/or property, including but not limited to any claims, demands, actions, causes of action, damages, costs, expenses (including hospital and medical expenses) and attorneys fees, which arise out of, occur during, or result from my) participation in the Program including travel to and from the University.

2) I, individually, and on behalf of my respective heirs, successors, assigns and personal representatives, hereby agree to indemnify, defend and hold harmless the University, and its employees, students, agents, servants, officers, trustees and representatives (in their official and individual capacities) from any and all liability, loss or damage they or any of them 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 relate to my participation in the aforementioned Program or arising out of travel to or from the University.

3) I agree that this Waiver, Release and Indemnification Agreement is intended to be as broad and inclusive as permitted by the laws of the State of Indiana, and if any portion hereof is held invalid, it is agreed that the balance hereof shall, notwithstanding, continue in full legal force and effect. In the event of any cause of action, the laws of the State of Indiana apply and the jurisdiction lies with the St. Joseph County Superior Court or the U. S. District Court of Northern District of Indiana.

4) I hereby acknowledge and accept that there are certain risks, including bodily injury and death that could result from my participation in the aforementioned Program at the University. I further acknowledge and accept that some of the workshops may cause me to come into contact with live plants or animals, chemicals, biologics, electrical and computer equipment, or other laboratory related equipment. I have knowingly and voluntarily decided to assume the risks of these inherent dangers in consideration of the University’s permission to allow me to participate in the aforementioned Program. I hereby release and discharge the University from any and all negligence, including the University’s own negligence, in connection with my attendance at, activities in, or participation in the Program, including travel to and from the University, except for any gross negligence or willful and wanton misconduct on the part of the University.

5) I hereby consent to any publicity, including the use of my 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 participation in the Program.

6) 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 provision, that I understand it affects my legal rights, that it is a binding Agreement, and that I have signed it knowingly and voluntarily.

Name (Printed)

Name (Signature)

Date