

**IUPLR SUMMER INSTITUTE FOR LATINO PUBLIC POLICY
WAIVER, RELEASE AND INDEMNIFICATION AGREEMENT**

I, _____, being of legal age, have requested to participate in the IUPLR Summer Institute for Latino Public Policy's Trip (The "Trip"), sponsored by the **University of Notre Dame du Lac, Notre Dame, Indiana** ("the University"), to Washington, DC during the period June 15-19, 2009. I understand and acknowledge that I am not required to participate in the Trip and that my participation is wholly voluntary.

In consideration of the **University of Notre Dame's** ("the University") agreement to permit me to participate in the Trip, the receipt and sufficiency of which consideration is hereby acknowledged, I agree as follows:

1) I, individually, and on behalf of my heirs, successors, assigns and personal representatives, hereby release, acquit and forever discharge the University and its employees, 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) to persons or property or both, including but not limited to any claims, demands, actions, causes of action, damages, costs, expenses and/or attorneys fees, which arise out of, occur during, or result from my participation in the Trip, including, but not limited to travel between the University and Washington, DC.

2) I, individually, and on behalf of my heirs, successors, assigns and personal representatives, hereby 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 or expenses, including attorneys fees, which arise out of, occur during, or result from my participation in the Trip, including, but not limited to travel between the University and Washington, DC.

3) I agree that this Waiver, Release and Indemnification Agreement is to be construed under the laws of the State of Indiana, that it is intended to be as broad and inclusive as permitted by the laws of the State of Indiana, and that if any portion hereof is held invalid, the balance hereof shall, notwithstanding, continue in full force and effect.

4) I represent and warrant that I am covered throughout the Trip by a policy of comprehensive health and accident insurance which provides coverage for injuries which I may sustain as part of my participation in the Trip. I hereby release and discharge the University of all responsibility and liability for any injuries, illnesses, medical bills, charges or similar expense I incur while participating in the Trip.

5) I understand and acknowledge that the University assumes no responsibility or liability, in whole or in part, for any delays, delayed or changed departure or arrival times, sickness, disease, injuries (including death), losses, damages, weather, strikes, acts of God, circumstances beyond the control of the University, criminal activity, expense, accident, injuries or damage to property, bankruptcies of service providers, inconveniences, cessation of operations, mechanical defects, failure or negligence of any nature howsoever caused in connection with any accommodations, restaurants, transportation, or other service or for any substitution of common carrier beyond the University's control, with or without notice. My personal property is at my risk entirely.

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 provisions, that by signing it I am giving up substantial legal rights I might otherwise have, that it is a binding agreement, and that I have signed it knowingly and voluntarily.

Signature

Name (Printed)

Date