I, being of legal age, have requested that the University permit my minor child and/or me to participate in the Storm the Stadium Event (the "Event") sponsored by the University of Notre Dame du Lac, Notre Dame, Indiana ("the University") on July 4, 2018. I understand and acknowledge that participation in the Event by my minor child and me is totally voluntary. In consideration of the University's agreement to permit my minor child and me to participate in the Event, the receipt and sufficiency of which consideration is acknowledged, I agree as follows:

1) I acknowledge and accept that there are certain risks, both known and unknown, including serious bodily injury and death that could result from our participation in the Event that will include running and climbing the steps of Notre Dame Stadium and participating in Inflatable and Athletic Games. I knowingly and voluntarily agree to assume the risks of these inherent dangers in consideration of the University's permission to allow my minor child and me to participate in the Event.

2) I, individually, and on behalf of my minor child, and our respective heirs, successors, assigns and personal representatives, release, acquit and forever discharge the University, and its employees, students, agents, officers, trustees and representatives (in their official and individual capacities) from any and all liability whatsoever, including liability for the University's own negligence, for any and all damages, losses or injuries to persons and/or property, including death, mental anguish or emotional distress, including but not limited to any claims, demands, actions, causes of action, damages, costs, expenses (including hospital and medical expenses and deductibles) and/or attorneys’ fees, which arises out of or results from my or my minor child’s participation in the Event or travel to or from the Event. This release includes, but is not limited to, any loss, claim, demand or suit that my minor child might assert once he/she attains the age of majority.

3) I, individually, and on behalf of and my minor child, and our respective heirs, successors, assigns and personal representatives, agree to indemnify, defend and hold harmless the University, and its employees, students, agents, officers, trustees and representatives (in their official and individual capacities) from any and all liability, loss or damage they or any of them may 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 or relate to me or my minor child’s participation in the Event, or travel to or from the Event.

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

5) I hereby consent to any publicity, including the University's use of me and my minor child’s name and likeness, worldwide for any purpose, including educational and advertisement purposes, and in any format, including on website display and on CDs/DVDs. I waive any right to inspect and/or approve the final production of such photographs and/or videos, which may be used in connection with my or my
minor child’s participation in the Event. I release and discharge the University of all responsibility and liability for damages of any kind (including, but not limited to, invasion of privacy; defamation; false light or misappropriation of name, likeness or image) arising out of the use or publication of photographs and/or videos of my minor child or me by the University. I further waive any claim for compensation of any kind for the University’s use or distribution of photography and/or video footage of my minor child or me. I understand that this grant of permission and consent is irrevocable.

6) AUTHORIZATION FOR CARE IF CHILD IS UNDER AGE 18: I authorize, at the discretion of the University of Notre Dame personnel, medical and surgical care including but not limited to: examinations, treatments, and immunizations for my child. In the event of serious disease or injury or need for major surgery, all reasonable efforts will be made to contact me, but failure to make contact will not prevent emergency treatment necessary to preserve life or health.

7) By my acceptance of this Waiver, Release and Indemnification Agreement, I acknowledge and represent that I have read this entire document, that I understand its terms and provisions, that I understand it affects my minor child and me, that it is a binding Agreement, and that I have signed it knowingly and voluntarily.

- I have read, have understood, and do accept the agreement above.
- I understand that this is a legal document with effects that I approve and authorize.
- The registrant is the person(s) whose name is submitted as the recipient of the goods and services provided as a result of this transaction.
- I am authorized to agree to the terms of this document on behalf of the registrant.
- If the registrant is under 18 years of age, incapacitated, or mentally challenged, I assert that I am the parent/legal guardian or otherwise authorized to execute a legally binding agreement on behalf of the registrant.

Signature
You must be 18 years of age to legally complete this registration. If the registrant is under 18, an authorized adult must complete this form. If the person you are registering (registrant) is under 18, do not enter his/her age. Enter your age here as the person completing the form.

Provide your current age: ______________________

Signature (Multiple signers should separate their signatures with commas)

Sign Here: ____________________________________________
REGISTRATION FORM:

Please enter your registration information in the form below.

First Name: ____________________________________________________________

Last Name: _____________________________________________________________

Gender: ________________________________________________________________

Address: _______________________________________________________________

Zip Code: _______________________________________________________________

City: ___________________________________________________________________

State: __________________________________________________________________

Country: ________________________________________________________________

Email Address: ___________________________________________________________

Date of Birth: Month _______ Day _______ Year ________

Primary Phone: ___________________________________________________________

Secondary Phone: _________________________________________________________

Please choose your event:

__________ Long Climb $40.00: 3,418 Steps (Upper & Lower Bowl) – Ages 16 and Older

__________ Short Climb $40.00: 1,778 Steps (Lower Bowl) – Ages 16 and Older

__________ Hand Power $40.00: ADA Accessible – Stationary trainer simulates long or short

__________ Walking Walk $25.00: ADA Accessible (Inside stadium 1/3 mile loop)

__________ Family Fun Zone $5.00: Inflatables for children 13 & younger

Emergency Contact Name: __________________________________________________

Emergency Contact Phone Number: _____________________________________________

Emergency Contact Relationship: _______________________________________________