UNIVERSITY OF NOTRE DAME COMPTON FAMILY ICE ARENA WAIVER, RELEASE, AND INDEMNIFICATION AGREEMENT FOR MINORS (YOUNGER THAN AGE 18) 2016-2017

2010-2017	
I,	e of my deration
1. I, individually, and on behalf of my minor child and our respective heirs, successors, assigns, and personal represer hereby release, acquit and forever discharge the University and its employees, agents, servants, officers, trustees, and representate their official and individual capacities) from any and all liability whatsoever, excluding liability for the University's sole neglige any and all damages, losses or injuries (including death, mental anguish or emotional distress) to myself, my child and/or princluding but not limited to any claims, demands, actions, causes of action, damages, costs, expenses (including hospital and expenses) and attorneys' fees, which arise out of, occur during, or result from my child's participation in the aforementioned A including travel to and from the University and including without limitation any loss, claim, demand or suit that my child mighonce he/she attains the age of majority.	tives (in nce, for roperty, medical Activity,
2. I, individually, and on behalf of my minor child and our respective heirs, successors, assigns, and personal represer hereby agree to indemnify, defend and hold harmless the University and its employees, agents, servants, officers, truster representatives (in their individual and official capacities) from any and all liability, loss or damages incurred or sustained (in injury or damage to persons and/or property) as a result of any claims, demands, damages, actions, causes of action, judgments expenses (including hospital and medical expenses) and/or attorneys' fees, which result from, arise out of, or relate to my participation in the aforementioned Activity or arising out of his or her travel to and from the University.	ees and cluding s, costs
3. I agree that this Waiver, Release, and Indemnification Agreement is governed by the laws of the State of Indian intended to be as broad and inclusive as permitted by the laws of the State of Indiana. If any portion hereof is held invalid, it is agree the balance hereof shall, notwithstanding, continue in full legal force and effect. In the event of any cause of action related to the A I agree that jurisdiction lies with the Superior Court of St. Joseph County, Indiana or the U. S. District Court of Northern Distriction.	eed that Activity
4. I hereby acknowledge and accept that there are certain risks, known and unknown, including bodily injury and inherent in my child's participation in ice skating, the game of ice hockey, and/or the games of broomball or curling. I, on my own and on behalf of my minor child, have knowingly and voluntarily decided to assume the risk of these inherent dangers in consider the University's permission to allow my minor child to participate in the aforementioned Activity. I hereby release and dischauling trom any and all negligence, excluding the University's sole negligence, in connection with my child's participation Activity, including travel to and from the University. I hereby acknowledge and agree that the University may permit my child to in any ice skating, ice hockey, curling or broomball activity at the Arena and that I assume sole responsibility for preventing my chiengaging in any ice skating, ice hockey, curling or broomball activity in which I do not want him/her to participate.	n behalf ration of arge the n in the engage
5. I hereby agree that, if my child engages in any ice hockey or broomball activity at the Arena, I shall have responsibility for ensuring that he/she will wear at all times while on the ice rink surface all protective equipment required by the for such activity, including a helmet that meets the Arena's requirements. I hereby acknowledge that non-compliance with a requirement may result in my child's ejection from the Arena on the date(s) on which the requirement is violated.	e Arena
6. I hereby represent and warrant that, if my child will engage in any ice hockey activity at the Arena, he/she was current, registered member of USA Hockey, Inc. at the time of that ice hockey activity. I further agree that I shall prevent and shat the sole responsibility for preventing my child from engaging in any ice hockey activity at the Arena during any period of time child is not a registered member of USA Hockey, Inc.	all have
7. By signing this Waiver, Release, and Indemnification Agreement, I hereby acknowledge and represent that	t I have
read this entire document, that I understand its terms and provisions, that I understand that it affects my legal rights and t my child, that it is a binding Agreement, and that I have signed it knowingly and voluntarily.	those of
Parent or Guardian Signature Parent or Guardian Name (Printed) Date	
USA Hockey registration Confirmation Number (from USAH registration receipt):	
Date of Birth: Zip Code (used to register w/ USA Hockey):	

Parent Email Address: _____ Cell Phone #: _____