Sueños sin Fronteras: Making College Dreams a Reality

Saturday, April 13, 2024 at the University of Notre Dame

Sponsored by the Institute for Latino Studies, (574) 631-4440

Applications are due Monday, 3/25/24

Please complete all of the application using black or blue ink. Print only please.
Favor de llenar la solicitud completa en letra de imprenta molde usando tinta negra o azul.

Student Information (*Información del estudiante*):

First Name (*Nombre*) Middle Name (*Segundo Nombre*) Last Name (*Apellido*)

Address (*Dirección*)

City (*Ciudad*) Zip Code (*Código Postal*) Home Phone (*Número Telefónico*)

School (*Escuela*) Grade (*Grado*) T-shirt Size (*Talla de Camisa*)

Parent/Guardian Information [*Información de padre(s) o persona(s) legalmente responsable por el estudiante*]:

Legal Guardian(s) [*Nombre(s)*]

Home Phone (*Número telefónico - Casa*) Work Phone (*Número telefónico - Trabajo*)

Emergency Contact (*Contacto de Emergencia*)

Emergency Contact Phone
(*Número telefónico - Contacto de Emergencia*)

Relationship to Student
(*Parentesco*)

Please submit your application forms to your counseling office or mail to: Por favor de entregar su applicacíon a su oficina de consejería o enviar por correo a:	**Sueños Sin Fronteras** **Institute for Latino Studies** **315 Bond Hall** **Notre Dame, IN 46556**

INSTITUTE FOR LATINO STUDIES – *Sueños Sin Fronteras: Making College Dreams a Reality*
WAIVER, RELEASE AND INDEMNIFICATION AGREEMENT FOR MINORS

I, _____, am the parent or guardian of a minor child, _____, who will be attending the Institute for Latino Studies *Sueños sin Fronteras: Making College Dreams a Reality* retreat (the "Retreat") at the University of Notre Dame du Lac, Notre Dame, Indiana (the "University") on **April 13, 2024**. I am fully aware that my child's participation in the Retreat is completely voluntary.

In consideration of the University's agreement to permit my son or daughter to participate in the aforementioned Retreat, the receipt and sufficiency of which consideration is hereby acknowledged, I agree as follows:

1) I, individually, and on behalf of my minor child and our 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, including liability for the University's own negligence, for any and all damages, losses or injuries (including death, mental anguish or emotional distress) to my child and/or property, including but not limited to any claims, demands, actions, causes of action, damages, costs, expenses (including hospital and medical expenses) and attorney's fees, which arise out of, occur during, or result from my child's participation in the Retreat, including travel to and from the University and including without limitation any loss, claim, demand or suit that my child might assert once he/she attains the age of majority.

2) I, individually, and on behalf of my minor child and our 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 attorney's fees, which result from, arise out of, or relate to my child's participation in the aforementioned Retreat or arise out of his or her travel to or from the University.

3) 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 the laws of the State of Indiana. 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 related to the Retreat, I agree that 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, known and unknown, including bodily injury and death, that could result from my child's participation in the aforementioned Retreat at the University, which Retreat will include various activities and meals. I, on my own behalf and on behalf of my minor child, have knowingly and voluntarily decided to assume the risks of these inherent dangers in consideration of the University's permission to allow my minor child to participate in the aforementioned Retreat. I, individually, and on behalf of my minor child, hereby release and discharge the University from any and all negligence, including the University's own negligence, in connection with my child's attendance at or participation in the Retreat, 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 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 child's participation in the Retreat.

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 I understand it affects my legal rights and those of my child (or children), that it is a binding Agreement, and that I have signed it knowingly and voluntarily.

_____	_____	_____
Parent or Guardian Signature	Parent or Guardian Name (Printed)	Date

UNIVERSITY OF NOTRE DAME

HEALTH INFORMATION AND CONSENT FOR EMERGENCY MEDICAL TREATMENT FORM
Minors

Program Attending: Sueños sin Fronteras: Making College Dreams a Reality Dates of Program: April 13, 2024

Name of Student or Minor Child: _____ Birth Date: _____

Permission for Treatment: The health history provided on this form is correct to the best of my knowledge. By my signature below, I hereby grant permission and authorize the provision of emergency medical treatment for minors/students who become ill or injured while participating in a University of Notre Dame du Lac sponsored Program and when parents or guardians cannot be reached.

Release of Information: By my signature below, I authorize the University of Notre Dame to release medical information regarding the above named minor/student to any person or entity to whom the University of Notre Dame refers the minor/student for medical treatment.

TO GRANT CONSENT

I, _____ of _____
(Name of Parent/Legal Guardian) (City)

_____, _____, do hereby state that I am the
(County) (State)

parent or legal guardian of: _____, a minor.
(Name of Child)

Should an emergency arise while my child is under the supervision of the staff of The University of Notre Dame du Lac, I do hereby authorize the staff to obtain medical attention for my child. I do hereby give consent to any necessary examination, anesthetic, medical diagnosis, surgery or treatment, blood transfusion and/or hospital care to be rendered to the above-named minor under the general or special supervision and on the advice of any physician or surgeon licensed to practice medicine during the program period. All such treatment shall be at my expense, and I agree to reimburse the University or its representatives for any expenses that they or any of them might incur on account of my child's condition or treatment. This consent shall not give rise to, and is not intended to give rise to a legal duty owed by the University to my child. I do hereby release and forever discharge the University of Notre Dame du Lac and its employees, agents, officers, trustees, affiliates and representatives from any and all liability of any kind for any claim, demand, action, cause of action, expense (including hospital and medical expenses), judgment or cost, including without limitation attorneys fees, co-pays or deductibles, which arise out of or relate in any manner to the exercise of authority or judgment pursuant hereto, or to the securing, oversight, administration or supervision of medical or other care or treatment on behalf of my minor child at any time or any travel incident thereto.

Family Doctor: _____ Phone: _____

Family Dentist: _____ Phone: _____

Medical Insurance: _____, _____, _____
(ID Number) (Group Number) (Member's Name)

Medical History: Allergies, if any, including medication and foods: _____

_____

Chronic or existing diseases or medical problems (e.g. diabetes, epilepsy): _____

_____

Medicines your child is now taking and dosage: _____

Date child received last Tetanus injection or booster (if known): _____

Any physical restrictions: _____

I can be reached at the following phone numbers(s) in an emergency:

_____, (____) _____
(Name and Location) (Phone)

_____, (____) _____
(Name and Location) (Phone)

_____ Date _____
(Signature of Parent/Legal Guardian)

UNIVERSITY OF NOTRE DAME
SUEÑOS SIN FRONTERAS: MAKING COLLEGE DREAMS A REALITY
STATEMENT OF RESPONSIBILITY AND AUTHORIZATION
WAIVER, RELEASE AND INDEMNIFICATION AGREEMENT
MINORS

I, _____, am the parent or guardian of a child (or children) who participated in the *Sueños sin Fronteras: Making College Dreams a Reality* retreat ("Program") at the University of Notre Dame du Lac ("the University") Notre Dame, Indiana during the period of April 13, 2024. I am fully aware that my child's participation in the Program is totally voluntary.

In consideration of the University's agreement to permit my son(s) or daughter(s) to participate in the aforementioned Program, the receipt and sufficiency in which consideration is hereby acknowledged, I agree as follows:

I hereby consent to any publicity, including the use of my name and likeness in connection with my participation in this Program.

In signing this Waiver, Release and Indemnification Agreement; Statement of Responsibility and Authorization, I hereby acknowledge and represent that I have read this entire document, that I understand its terms and provisions, that I understand it affects my legal rights and those of my child, that it is a binding Agreement, and that I have signed it knowingly and voluntarily.

Date: _____

_____
Child's Name (Print)

_____
Parent or Guardian's Signature

_____
Parent or Guardian's Name (Print)