



NOTRE DAME  
OF MARYLAND  
UNIVERSITY

CAMPUS and LABORATORY LIABILITY WAIVER  
(for non-NDMU students, including high school students)

Must be completed and submitted to the Dean of the host School at least *two weeks prior to the experience start date.*

Student name \_\_\_\_\_  
Last First Middle

Student address \_\_\_\_\_  
Street City State ZIP

Parent/guardian Name \_\_\_\_\_

Home telephone (\_\_\_\_) \_\_\_\_\_ Parent/guardian daytime phone (\_\_\_\_) \_\_\_\_\_

Student Cell phone (\_\_\_\_) \_\_\_\_\_ Fax (if available) (\_\_\_\_) \_\_\_\_\_

Emergency contact name \_\_\_\_\_

Emergency contact relation to student \_\_\_\_\_ Emergency contact phone \_\_\_\_\_

Student email Address \_\_\_\_\_

High School/Current Institution \_\_\_\_\_

Campus/laboratory experience applied for \_\_\_\_\_

Dates of planned experience: From \_\_\_\_\_ To \_\_\_\_\_

Dean/supervisor of planned experience \_\_\_\_\_

By signing below, I hereby acknowledge that I have read or am familiar with the rules and regulations (the “Rules”) of Notre Dame of Maryland University (the “University”), which Rules are available at [www.ndm.edu](http://www.ndm.edu). Further, I acknowledge that all student participants are subject to the Rules of the University. As a student participant, I acknowledge that I am fully responsible for my actions while participating in the experience at the University. I hereby covenant and agree to follow all directives of University personnel and to abide by the Rules. I recognize that my failure to abide by the Rules may result in my immediate removal from campus.

Further I do hereby, for myself, and my child (the student participant), as the case may be, release from any claims and covenant not to sue the University, its trustees, officers, employees, and agents for damages of any kind, including personal injuries and property damage of any nature that might be sustained by me or my child (the student participant) in connection with the experience or while on the University campus. I hereby consent to the use of any photographs, slides or films of me or my child (the student participant), as the case may be, taken during the experience for use in any promotional, advertising, or marketing materials or for any other commercial purpose of the University. Note: If you do not consent to the use of these photographs, slides or films, you may opt out by notifying NDMU in writing before the start date of the experience.

Student signature \_\_\_\_\_ Date \_\_\_\_\_

Parent/guardian signature \_\_\_\_\_ Date \_\_\_\_\_