

2018 DUHAWK INDIVIDUAL CAMP

AUGUST 1, 2, 3, 2018



THE CLINIC: A specialized volleyball clinic conducted by the Loras College Women's Volleyball Program

PLACE: Loras College Athletic and Wellness Center, 1600 Cox Street, Dubuque, Iowa

ALL SKILLS

GRADES 1-3: August 1-3 // 8:30 AM - 10:00 AM

GRADES 4-6: August 1-3 // 10:00 AM - 12:00 PM

GRADES 7-9: August 1-3 // 1:00 PM - 3:00 PM

REGISTRATION

Participants can register online at lorasvolleyballcamps.com or by mail-in registration. Registration payment with **completed and signed waiver** for the clinic are due by July 1, 2018. Your registration is **NOT COMPLETE** until the waver and release are **COMPLETED AND SIGNED**.

COST (Varies by grade. Those who register before July 1 receive a \$15 discount)

GRADES 1-3: \$50 if signed up before July 1 (\$65 after July 1)

GRADES 4-6: \$75 if signed up before July 1 (\$90 after July 1)

GRADES 7-8: \$75 if signed up before July 1 (\$90 after July 1)

- NO REFUNDS -

CLINIC DIRECTOR - JENNA NESS: 2017 marked the fifth season for Jenna Ness as the head coach of the Loras Women's Volleyball program. She was named the Iowa Conference Coach of the Year in 2015 after leading the Duhawks to the IIAC Tournament Championship and finishing second in the league.

FOR MORE INFO, CONTACT COACH JENNA NESS AT 563.588.7459 OR JENNA.NESS@LORAS.EDU

2018 LORAS COLLEGE SPRING VOLLEYBALL CLINIC REGISTRATION FORM

MUST FILL OUT BOTH SIDES OF THIS FORM AND SIGN WAIVER AND RELEASE ON BACK.

REGISTRATION IS NOT COMPLETE IF WAIVER AND RELEASE ON BACK IS NOT FILLED OUT AND SIGNED.

(Check sessions): Grades 1-3

Grades 4-6

Grades 7-9

Name: _____ Grade: _____ Total Enclosed: _____

Address: _____ City: _____ State: _____ Zip: _____

Home Phone: _____ Parent Email: _____ School: _____

Insurance Company: _____ Group or Policy #: _____

If there are any specific medical conditions that should be known or activities that should be restricted, contact the camp by attaching the information with this application or by calling the Clinic Director.

Make check payable to Loras College Volleyball and send by July 1, 2018 to:

Jenna Ness, Clinic Director, Loras College Mail #193

1450 Alta Vista, Dubuque, IA 52001

**INDEMNIFICATION AGREEMENT
WAIVER AND RELEASE OF ALL CLAIMS
PERMISSION TO SECURE TREATMENT
Loras College 2018 Volleyball Individual Camp - August 1-3, 2018**

Please read this form carefully and be aware that by participating in the Loras College Volleyball Individual Camp on August 1-3, 2018 (hereinafter Event) you will be waiving and releasing all claims for injuries, agreeing to indemnify, hold harmless and defend Loras College from all claims arising out of such injuries even if caused by Loras College and authorizing Loras College to obtain emergency healthcare at your expense.

I, on behalf of myself and, on behalf of any child/ward of mine participating in the Event as well as any parent/guardians of such child/ward (hereinafter individually and collectively referred to as "Participant"), acknowledge understanding of the requisite skills and qualifications necessary to properly and safely participate in the Event and hereby agree to assume the full risk of any injuries, including death, damages or loss regardless of severity, which Participant may sustain as a result of, arising out of, connected with, or in any way associated with the Event.

Participant agrees to waive and relinquish all claims Participant may have as a result of the Event against Loras College and its employees and agents and does hereby fully release and discharge Loras College and its employees and agents from any and all claims for injuries, including death, damage or loss which Participant may have or which may accrue to Participant as a result of, or arising out of, connected with, or in any way associated with the Event, even if caused by the negligence of Loras College, its employees or agents.

Participant further agrees to INDEMNIFY AND HOLD HARMLESS AND DEFEND Loras College and its employees and agents from any and all claims for injuries, including death, damages and losses sustained by Participant as a result of, arising out of, connected with, or in any way associated with the Event, even if caused by the negligence of Loras College, its employees or agents..

Participant further understands that Loras College does not carry insurance for injuries sustained by Participant. Therefore, Participant must look to their own health insurance policy for any injuries sustained in connection with or arising out of this Event. Participant's failure to purchase health insurance coverage does not make Loras College responsible for payment of medical or other expenses.

In the event of an emergency, Participant authorizes Loras College to secure any treatment deemed necessary from any licensed hospital, physician, and/or medical personnel and agrees to be responsible for payment of any and all services rendered. If any provision herein is held invalid or unenforceable for any reason, Participant understands and agrees that the remaining provisions will continue in full force and effect.

Participant has read and fully understands this entire document and declares that all information supplied by Participant is accurate and current.

Participant Name(s) (please print):

	(Parent)	(Child)
Address:		

Participant Signature(s): _____

Date: _____

Must be signed by Parent or Guardian if any Participant is a minor ... Relationship to Participant (If any Participant is a minor):

