

2019 DUHAWK DIGGERS

APRIL 8 • APRIL 22 • APRIL 29

GRADES 1-4 • 6-7:30 PM // GRADES 5-8 • 7:30-9 PM



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

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

GRADES 1-4 SESSIONS: April 8 • April 22 • April 29 // 6-7:30 p.m.

GRADES 5-8 SESSIONS: April 8 • April 22 • April 29 // 7:30-9 p.m.

COST: \$25 per session

REGISTRATION: Register online at LORASVOLLEYBALLCAMPS.com or by mail-in.

Registration, payment, filled out and signed waiver for the clinic are due by April 5, 2019

Your registration is **NOT COMPLETE** until Waiver and Release is **FILLED OUT AND SIGNED**

*Walk-ups and late registration are welcome with extra \$5 late fee (\$30)

CLINIC DIRECTOR: Head Coach Jenna Ness completed her sixth season as the Loras College Women's Head Volleyball Coach. The Clinic will also be directed by current members of the Loras College Women's Volleyball team.

NO REFUNDS WILL BE GRANTED FOR THOSE WHO CHOSE TO WITHDRAW THEIR REGISTRATION

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

2019 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) April 8 - \$25 April 22 - \$25 April 29 - \$25 Total Enclosed: _____

Name: _____ Grade: _____

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

Home Phone: _____ Parent Email Address: _____

School: _____

Insurance Company: _____ Group/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 April 5, 2019 to:
Jenna Ness, Clinic Director, Loras College Mail #193
1450 Alta Vista, Dubuque, IA 52001

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INDEMNIFICATION AGREEMENT WAIVER AND RELEASE OF ALL CLAIMS

2019 DUHAWK DIGGERS
APRIL 8, APRIL 22 AND APRIL 29

Please read this form carefully and be aware that by participating in the 2019 Duhawk Diggers on April 8, 22 and 29, 2019 (hereinafter Event) you will be waiving and releasing all claims for injuries, as well as agreeing to indemnify, hold harmless and defend Loras College from all claims arising out of such injuries even if caused by Loras College.

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)