

# LORAS WOMEN'S VOLLEYBALL

## INDIVIDUAL CAMP

### THE CLINIC

A specialized volleyball clinic conducted by the Loras College Women's Volleyball program

**GRADES 1-5: JULY 24-25, 2019**  
**9:30 AM - 11:30 AM**

**GRADES 6-9: JULY 24-25, 2019**  
**12:30 PM - 2:30 PM**

### REGISTRATION

Participants can register online at [lorasvolleyballcamps.com](http://lorasvolleyballcamps.com) or by mail-in registration. Registration payment with completed and signed waiver for the clinic are due by July 1, 2019. Your registration is NOT COMPLETE until the waver and release are COMPLETED AND SIGNED.

**ATHLETIC & WELLNESS CENTER**  
**DUBUQUE, IOWA**

### COST

Register by July 1 - \$60  
Register after July 1 - \$75



**QUESTIONS?**  
**CALL JENNA NESS**  
**563.588.7459**  
**JENNA.NESS@LORAS.EDU**

**INDEMNIFICATION AGREEMENT WAIVER AND RELEASE OF ALL CLAIMS  
PERMISSION TO SECURE TREATMENT  
Loras College Women's Volleyball Individual Camp  
July 24-25, 2019**

Please read this form carefully and be aware that by participating in the Loras College Women's Volleyball Individual Camp on July 24-25, 2019 (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:** \_\_\_\_\_ **Parent(s) Name(s):** \_\_\_\_\_

**Address:** \_\_\_\_\_ **City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip:** \_\_\_\_\_

**Participant Signature:** \_\_\_\_\_

**Relationship to Participant:** \_\_\_\_\_

## **LORAS COLLEGE WOMEN'S VOLLEYBALL CAMP REGISTRATION FORM**

**Name:** \_\_\_\_\_ **Grade (Fall 2019):** 1 2 3 4 5 6 7 8 9

**Address:** \_\_\_\_\_ **City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip:** \_\_\_\_\_

**Home Phone:** \_\_\_\_\_ **Email (Required)** \_\_\_\_\_

**Parent(s)/Guardian(s) Name(s):** \_\_\_\_\_

If there are any specific medical situations that should be known or activities that should be restricted, contact the camp by attaching the information with this application or by calling Jenna Ness (Camp Director), 563.588.7459

To register both portions of this form must completed and send the completed form AND payment with check payable to

Loras College Women's Volleyball

Jenna Ness, Camp Director

Loras College Mail #193, 1450 Alta Vista St., Dubuque, IA 52001-4327