

DUHAWK CLINIC

ONE DAY CLINIC

NOV. 21, 2018
9:00 AM - 11:00 AM

- \$20 per Child
- Free T-Shirt
- College coaches and players
- Camp Director: Chris Martin // chris.martin@loras.edu // 563.588.7738
- 1 coach per 8 campers at max
- Free admission to Men's Basketball Game vs. Augustana



LOCATION

Loras AWC
1600 Cox Street
Dubuque, IA 52001

SKILLS DEVELOPMENT CLINIC FOR ALL AGE GROUPS BOYS & GIRLS AGES 4-14



Grade in 2018-19 School Year: Pre-K K 1 2 3 4 5 6 7 8

T-Shirt Size: YS YM YL S M L XL

Child's Name: _____

Age: _____

School: _____

Parent's Name : _____

Parent's Phone Number: _____

Parent's Email Address: _____

Insurance Company: _____

Group or Policy #: _____

Total Enclosed: \$ _____

If there are any specific medical situations that should be known or activities that should be restricted, attach the information with this registration form or contact Chris Martin at:

563.588.7738 or christopher.martin@loras.edu

Register by sending completed and signed forms for each player and with a check made payable to Loras College Men's Basketball to:

Loras College Men's Basketball

Attn: Chris Martin

Loras Mailbox #206

1450 Alta Vista

NOTICE: Distribution of this flyer does not constitute an endorsement by the Dubuque Community School District. The printing cost for these flyers was paid for by the sponsoring organization.

DUHAWK CLINIC

**INDEMNIFICATION AGREEMENT
WAIVER AND RELEASE OF ALL CLAIMS
PERMISSION TO SECURE TREATMENT
2018 Loras College Duhawk Dunkers Camp
November 21, 2018**

Please read this form carefully and be aware that by participating in the 2018 Loras College Duhawk Clinic on November 21, 2018, November 21, 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): Must be signed by a parent if any Participant is a minor:

Parent/Guardian Signature:

Relationship to Participant (If any Participant is a minor):

Date: _____