

# WINTER CLINICS

## Loras Women's Basketball



**DATES:** November 30th, 2019  
January 18th, 2020  
February 8th, 2020

**WHERE:** Loras College, Athletic & Wellness Center

**TIME:** 8-9:30 AM

**AGES:** Girls Pre-K through 8th grade

**PRICE:** \$15 per session *(Sibling Discount: \$20 for 2, \$30 for 3, etc.)*

### \*\*\*SPECIAL OFFER\*\*\*

Any camper who attends a clinic will receive a coupon for FREE admission to our game later that afternoon!

Checks payable to:  
Loras College Women's Basketball  
Mailbox #155  
1450 Alta Vista Street  
Dubuque, IA 52001  
OR

Register online at [lorasgirlsbasketballcamp.com](http://lorasgirlsbasketballcamp.com)  
Contact [Justin.Heinzen@loras.edu](mailto:Justin.Heinzen@loras.edu) for more details



Check out the team pre-game shoot around immediately following clinic at 10am on any of those dates!

**INDEMNIFICATION AGREEMENT WAIVER AND RELEASE OF ALL CLAIMS PERMISSION TO SECURE TREATMENT**  
**2019 Loras College Women's Basketball Winter Clinics**  
**November 30, 2019 & January 18<sup>th</sup>, February 8<sup>th</sup>, 2020**

Please read this form carefully and be aware that by participating in any of the 2019 Loras College Women's Basketball Winter Clinics (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): \_\_\_\_\_ Grade (Fall 2019): \_\_\_\_\_

\_\_\_\_\_  
(Parent) (Child) (Date)

Parent/Guardian Signature: \_\_\_\_\_

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

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

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

To register, this form must be completed. Send the completed form AND payment with check payable to:

Loras College Women's Basketball  
Justin Heinzen  
1450 Alta Vista St.  
Loras College Mail #155  
Dubuque, IA 52001-4327