



LORAS COLLEGE™

KIDS NIGHT OUT PRE-REGISTRATION

NUMBER OF CHILDREN PARTICIPATING

1st (\$12) _____

2nd (\$8) _____

3rd (\$8) _____

TOTAL \$ _____

WAIVER AND RELEASE OF ALL CLAIMS—PLEASE READ AND SIGN Loras College Kids Night Out

The LORAS COLLEGE Kids Night Out **REQUIRES** the execution of the following Waiver & Release. Your cooperation is greatly appreciated. Please read this form carefully & be aware that in registering your minor child/ward for participation in the Loras Kids Night Out on January 8th, 2010 you will be waiving & releasing all claims for injuries you and/or your child/ward might sustain arising out of this program. I understand that Loras Kids Night Out does not carry insurance for injuries sustained by participants in this event. Therefore, participants in this event should look to their own health insurance policy for any injuries sustained in connection with or arising out of this event. The absence of health insurance coverage does not make the Loras College Kids Night Out responsible for payment of medical expenses. As a participant in the Loras Kids Night Out on January 8th, 2010, I agree to assume the full risk of any injuries, including death, damages, or loss regardless of severity, which my child/ward or I may sustain as a result of participating in any & all activities connected with or associated with, or arising out of this event. I agree to waive and relinquish all claims my child/ward or I may have as a result of participating in the Loras Kids Night Out against Loras College and any of its directors, officers, trustees, agents, servants & employees. I do hereby fully release and discharge Loras College and its directors, officers, trustees, agents, servants and employees, from any and all claims from injuries, including death, damage or loss which my child/ward or I may have or which may accrue to me on account of my participation. I further agree to indemnify and hold harmless and defend Loras College and any of its directors, trustees, agents, servants & employees from any and all claims from injuries, including death, damages & losses sustained by me or my child/ward or arising out of, connected with any way associated with the activities of this event.

PERMISSION TO SECURE TREATMENT

In the event of an emergency I authorize the Loras College Kids Night Out to secure treatment from any licensed hospital, physician, and/or medical personnel and treatment deemed necessary for my or my child's/ward's immediate care and I agree that I will be responsible for payment of any and all medical services required. I have read and fully understand the aforementioned Program Details, Waiver & Release of All Claims and Permission to Secure Treatment, and all information supplied by me is accurate and current to the best of my knowledge. Please sign in signature area.

Participant's Name (PRINT) _____ Date: _____ Relationship to Participant: _____ Emergency Contact# _____

Parent or guardian signature _____ ****EMAIL ADDRESS (please include):** _____

PERMISSION TO SWIM

As the parent or legal guardian of _____, I hereby give my permission for him/her to participate in the Loras Soccer Kids Night Out swim time. I understand that my child must be able to swim in order to take part in the swim time, I also understand that Loras College can not be held responsible for any accidents that may occur during swim time, unless due to a clear act of negligence.

Signed: _____ Print: _____ Date: _____

FOR PRE-REGISTRATION

Please mail this completed form to:

**Loras College Soccer
Attn: Kids Night Out
1450 Alta Vista #149
Dubuque, IA 52001**