

**WAIVER AND RELEASE OF ALL CLAIMS
Loras College Fall Fundamental Softball Camp**

Due to the difficulty and high cost of obtaining liability insurance, the agency providing liability coverage for Loras College REQUIRES the execution of the following Waiver and Release. Your cooperation is greatly appreciated.

Please read this form carefully and be aware that in registering your minor child/ward for participation in the Loras College Fall Fundamental Softball Camp, you will be waiving and releasing all claims for injuries your child/ward might sustain arising out of this program.

I understand that Loras College 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 Loras College responsible for payment of medical expenses.

As a participant in the Loras College Fall Fundamental Softball Camp at Loras College November 1, 8, and 15, 2009, I agree to assume the full risk of any injuries, including death, damages or loss regardless of severity, which my child/ward may sustain as a result of participating in any and all activities connected with or associated with, or arising out of this event.

I agree to waive and relinquish all claims my child/ward may have as a result of participating in the Loras College Fall Fundamental Softball Camp against Loras College and its directors, officers, trustees, agents, servants and 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 may have on account of their participation.

I further agree to indemnify and hold harmless and defend Loras College and its directors, officers, trustees, agents, servants and employees from any and all claims from injuries, including death, damages and losses sustained by my child/ward or arising out of, connected with, or in any way associated with the activities of this event.

PERMISSION TO SECURE TREATMENT

In the event of an emergency I authorize Loras College to secure treatment from any licensed hospital, physician, and/or medical personnel any treatment deemed necessary for 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 and 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.

WAIVER AND RELEASE FORM MUST BE FILLED OUT AND SIGNED BY PARENT/GUARDIAN FOR REGISTRATION TO BE COMPLETE.

(Please Print)

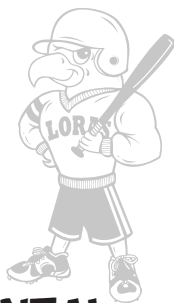
Participant's Name: _____ Address: _____

Parent/Guardian Signature: _____ Date: _____ Relationship to participant: _____



LORAS COLLEGE™

1450 Alta Vista Street | Dubuque, IA 52001

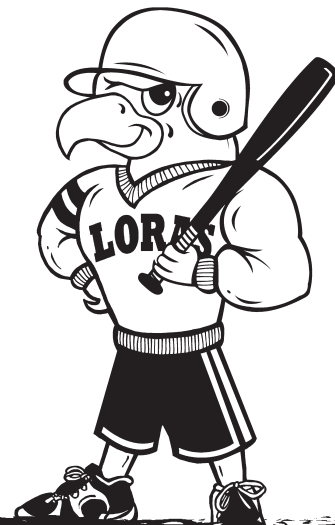


**FALL
FUNDAMENTAL
SOFTBALL CAMP**



LORAS COLLEGE™

**FALL
FUNDAMENTAL
SOFTBALL
CAMP**



be **more.**
be **LORAS.**

LORAS COLLEGE FALL FUNDAMENTAL SOFTBALL CAMP

SUNDAYS, NOVEMBER 1, 8, AND 15, 2009



GRADES 4 THRU 7

11:00 a.m.-12:45 p.m.
Cost: \$60 (includes a T-shirt)

GRADES 8 THRU 12

1:15 p.m.-3:00 p.m.
Cost: \$60 (includes a T-shirt)

PLACE

Graber Sports Center, Loras College, Cox Street, Dubuque, IA.

WHAT TO BRING

Inside shoes and glove. You can bring your own bat if you would like.

CAMP DESCRIPTION

"This camp is about having fun and making the most of opportunities to improve your softball skills and to make new friends! This camp is designed to help each athlete develop at her own level. During this camp we will focus on the fundamental techniques of the game of softball such as: hitting, fielding and base running. Whether it is learning new hitting techniques, improving throwing form, or gaining new knowledge for the game of softball, this camp will help you reach your individual softball goals."

CAMP DIRECTOR ASHLEY ROGERS

Ashley Rogers begins her first season as head softball coach at Loras College after serving as the assistant coach this past season. Ashley graduated from Wartburg College where she majored in Business Administration (Marketing). While in college she competed for both the Knights softball and volleyball athletic programs. Ashley received All-Conference and All-Region honors at her first base position and was the IIAC nominee for the 2008 NCAA Women of the Year Award. Ashley also serves as the Loras College volleyball assistant coach.

ASSISTANT RACHAEL ROGERS

Loras College Volunteer Assistant Coach **Rachael Rogers** has been coaching softball for six years. She currently is the assistant varsity coach at Western Dubuque High School. She has also coached at Wahlert Catholic High School and Wartburg College. Rachael graduated from the University of Northern Iowa in 2006 where she majored in Social Science Education and played for the Panther softball team. Rachael started every game at the short stop position and received All-Conference honors and the Panther Impact Award while at UNI.

DEADLINE

Registration, payment, and **filled out and signed waiver** for all participants are due by **Friday, October 23, 2009**. **IMPORTANT:** Your registration is **NOT COMPLETE** if **Waiver and Release** is **NOT FILLED OUT AND SIGNED**.

NEED MORE INFO?

Please contact Coach Ashley Rogers at ashley.rogers@loras.edu or 563-588-7159.

2009 FALL FUNDAMENTAL SOFTBALL CAMP 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**.

Camp Desired (check box that applies): Grades 4-7—\$60 Grades 8-12—\$60 TOTAL ENCLOSED \$ _____

Name: _____ Grade (fall of '09): _____

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

Home Phone: _____ Parent E-mail: _____

School: _____ T-shirt size (circle one): YS YM YL S M L XL

Insurance Company: _____ Group or Policy #: _____

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 the Camp Director.

Make check payable to: *Loras College Softball* and send by **October 23, 2009**, to:
Ashley Rogers, Camp Director, Loras College Mail #151, 1450 Alta Vista, Dubuque, IA 52001.