

WAIVER AND RELEASE OF ALL CLAIMS
Loras College March Volleyball Clinic

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 March Volleyball Clinic March 8, 15, and 22, 2010, 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 March Volleyball Clinic at Loras College March 8, 15, and 22, 2010, 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 March Volleyball Clinic 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

**2010
MARCH
VOLLEYBALL
CLiNIC**



LORAS COLLEGE™

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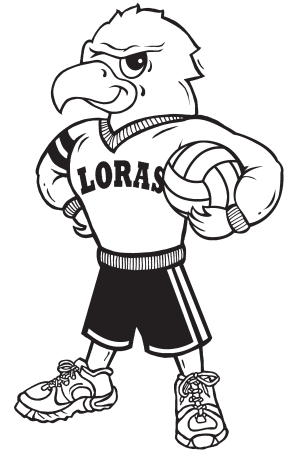


be **more.**
be **LORAS.**

2010 MARCH VOLLEYBALL CLINIC

MONDAYS - MARCH 8, 15 & 22, 2010

7:00-8:30 P.M.



ABOUT THE CLINIC

A specialized volleyball clinic, conducted by the Loras College Volleyball Coaches and Team, running on three consecutive Mondays.

March 8 – Setting, Hitting and Blocking

March 15 – Serving and Passing

March 22 – Defense

PLACE

Loras College Athletic and Wellness Center,
1600 Cox Street, Dubuque, Iowa.

AGE GROUP

For students in grades 7-12.

COST

Cost will be \$15 per session or \$35 for all three sessions.

CLINIC DIRECTOR TERESA KEHE

Teresa Kehe has just completed her fourth season as the Loras College women's head volleyball coach. During those seasons she helped the Duhawks qualify for three Iowa Conference post-season tournaments, including both the regular season and IIAC tournament championships in 2008. That year, the Duhawks also earned their first-ever bid to the NCAA tournament. Previously she spent 23 years coaching at Tripoli High School where she led the Panthers to six state championships and two runner-up finishes.

Dubuque native **Ashley Rogers** teamed up with Loras College when she became an assistant for the Duhawk Volleyball program in 2008. As a four-time state champion at Wahlert Catholic High School and as an All-Region and All-American player at Wartburg College, she brings a wealth of court experience and volleyball knowledge to the program. She also serves as the Loras College head softball coach.

Besides Coach Kehe and Coach Rogers, the clinic will also be directed by current members of the Loras College Volleyball Team.

DEADLINE

Registration, payment, and **filled out and signed waiver** for clinic are due by **March 4, 2010**.

IMPORTANT: Your registration is **NOT COMPLETE** until **Waiver and Release** is **FILLED OUT AND SIGNED**.

NEED MORE INFO?

Please call Coach Kehe at 563-588-7459 or e-mail teresa.kehe@loras.edu.

2010 MARCH VOLLEYBALL CLINIC 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.

(Check box that applies): 1 Session—_____—\$15 2 Sessions—_____—\$30 3 Sessions—\$35 Total Enclosed \$ _____
(date attending) (dates attending)

Name: _____ Grade: _____

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

Home Phone: _____ Parent E-mail: _____

School: _____

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 Clinic Director.

Make check payable to: *Loras College Volleyball* and send by **March 4, 2010**, to: Teresa Kehe, Clinic Director, Loras College Mail #193, 1450 Alta Vista, Dubuque, IA 52001.