

NEW AND IMPROVED

KIDS NIGHT OUT

What: Kid's Night Out is a fundraising event sponsored by the Loras College Men's and Women's Soccer teams. Children, grades **K-5**, are invited to come hang out and enjoy a night of fun. Organized in age appropriate groups, The Loras College soccer coaching staff and athletes will provide supervision (including certified life guards and athletic trainers) for an evening of activities including swimming, basketball, soccer, kickball, movies and many more organized games. There will be a concession stand throughout the night that serves pizza, snacks, and various drinks.

When: 6-10 pm on: January 6th, 2012 and March 30th, 2012

Where: Graber Sports Center, Loras College – located on Cox St & W. 17th (up the hill next to the Rock Bowl) – **park in the lot next to the tennis courts.**

Cost: \$12 per child, \$8 for each additional child within the same, immediate family (price does not include concessions). Pre-registration is encouraged, but not mandatory (to pre-register, send in form on back with payment). Checks should be made payable to Loras Soccer.

Questions: Please contact us at (563) 588 4937.

FLYERS CAN ALSO BE FOUND AT OUR WEB SITE:

<http://www.duhawks.com/d/2010-11/KNO.2011.pdf>

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**INDEMNIFICATION AGREEMENT
WAIVER AND RELEASE OF ALL CLAIMS
LORAS COLLEGE KIDS NIGHT OUT
January 6, 2012 and March 30, 2012**

Due to the difficulty and high cost of obtaining liability insurance, the agency providing liability coverage for Loras College REQUIRES the execution of this document. Your cooperation is greatly appreciated. Please read this form carefully and be aware that by participating in the Loras College Kids Night Out on January 6, 2012 and/or March 30, 2012 (hereinafter Event) you will be waiving and releasing all claims for injuries, as well as agreeing to indemnify, hold harmless and defend Loras College from all claims arising out of such injuries even if caused by Loras College.

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), 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. The absence of health insurance coverage does not make Loras College responsible for payment of medical or other expenses.

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.

PERMISSION TO SECURE TREATMENT

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.

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): _____ Date: _____

(Must be signed by Parent or Guardian if any Participant is a minor)

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