

**WAIVER AND RELEASE OF ALL CLAIMS
Loras College Summer Individual Volleyball 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 Summer Individual Volleyball Camp Loras College Summer Individual Volleyball 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 Summer Individual Volleyball Camp at Loras College July 27, 2009-July 30, 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 Summer Individual Volleyball 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

**2009
SUMMER
VOLLEYBALL
CAMPS**



LORAS COLLEGE

**2009
SUMMER
VOLLEYBALL
CAMPS**



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

2009 LORAS COLLEGE SUMMER VOLLEYBALL CAMPS

JULY 27, 28, 29 & 30, 2009

ELEMENTARY AND JUNIOR HIGH CAMPS



ELEMENTARY CAMP

Grades 3rd, 4th, 5th (*in fall '09*) – Cost: \$75
9:30 a.m.-12:00 noon (first day check-in at 9:00 a.m.)

JUNIOR HIGH CAMP

Grades 6th, 7th, 8th (*in fall '09*) – Cost: \$75
1:30-4:00 p.m. (first day check-in at 1:00 p.m.)

PLACE

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

CAMP DIRECTOR TERESA KEHE

Teresa Kehe has just completed her third season as the Loras College women's head volleyball coach after spending 23 years at Tripoli High School. While at Tripoli she guided the Panthers to six state championships and two runner-up finishes while also earning conference titles 17 times. She was a six time IGCA Coach of the Year in class 1A and has been a National Coach of the Year finalist twice.

Dubuque native **Ashley Rogers** teamed up with Loras College when she became an assistant for the Duhawk Volleyball program this past fall. 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.

Under their direction, the 2008 Loras College squad had one of the best seasons in school history by recording a 32-5 mark, which included an undefeated 8-0 record in the always competitive Iowa Conference, a conference tournament championship and the school's first-ever bid to the NCAA Tournament. Four players were selected to the IIAC All-Conference team and two to the IIAC All-Academic team.

DEADLINE

Registration, payment, and **filled out and signed waiver** for all camps are due by **Friday, July 10, 2009**. **IMPORTANT: Your registration is NOT COMPLETE if Waiver and Release is NOT FILLED OUT AND SIGNED.**

NEED MORE INFO?

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

2009 VOLLEYBALL 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*): Elementary-\$75 Junior High-\$75 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 Volleyball* and send by **July 10, 2009**, to: Teresa Kehe, Camp Director, Loras College Mail #193, 1450 Alta Vista, Dubuque, IA 52001.