

University of Dubuque Volleyball June 2020 Youth Camp

**Join UDVb for a basic all-skills
youth volleyball camp
June 23rd and 24th from 3:15-4:30PM.**

All clinics held in air-conditioned Stoltz gym
and are open to girls and boys:
entering 1st grade through 5th grade.
Cost is \$35 per child, and everyone will receive
a custom UD Volleyball!

Please contact Coach April Elsbernd with questions:
aelsbernd@dbq.edu or 563-589-3231

Register online at www.udvbcamps.com or
return form and waiver on the back with check to:



University of Dubuque Athletics
Attn: Volleyball
2000 University Avenue
Dubuque, IA 52001
Make checks out to: University of Dubuque



Parent/Guardian Release 2020

University of Dubuque (UD) "Hold Harmless Agreement-Waiver and Release of Claim Form"

- Each participant's parent/guardian must complete this form prior to their son/daughter's participation in the event taking place at the University of Dubuque. Please read this form carefully and be aware that you will waive and releasing all claims for injury/illness sustained arising out of this activity by your son/daughter.
- As the parent/guardian of the participant, I certify that he/she is physically/mentally able to participate in this activity. Furthermore, permission is hereby granted to UD to provide necessary first aid treatment for the participant as well as permission to transport to a medical facility.
- Please recognize that the University of Dubuque does not carry medical insurance for injuries/illness sustained arising out of this activity. It must be noted that the absence of health insurance coverage does not make UD responsible for payment of medical expenses.
- In consideration for the participant's involvement in this UD activity, I agree to assume all risk and fully release from all liability UD, member of the University community, its directors, officers, trustees, agents, servants and employees, as a result of participating in this activity.
- I agree to waive and relinquish all claims I may have against the UD community, its directors, officers, trustees, agents, servants, and employees, as a result of participating in this activity.
- I further agree to indemnify and hold harmless UD, members of the UD community, its directors, officers, trustees, agents, servants, and employees from any and all claims from injuries/illness including death, damages and losses sustained by my child or rising out of, connected with, or in any way associated with my participation in this activity. This will include holding the University of Dubuque harmless from negligence on the part of the University of Dubuque.

Parent/Guardian's Signature and Participant's Signature is required on this form to confirm that you have read and agreed to all aspects of the "Hold Harmless" Agreement-Waiver and Release of Claims

Participant's Name: _____ Age: _____

Participant's Signature: _____ Date: _____

Address: _____

City: _____ State: _____ Zip: _____

Participant DOB: _____

Are there any medication allergies or other physical concerns that the competition staff should be aware of?

Parent/Guardian's Name: _____ email address: _____

Parent/Guardian Signature: _____ Date: _____

Phone: _____ Emergency Phone: _____

Payment (Cash or Check): _____

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