

LITTLE DUHAWK SOFTBALL CAMP

SCHEDULE

JUNE 2-4, 2025

9:30 AM - 11:30 AM

LORAS COLLEGE CAMPUS:

**FABER-CLARK SOFTBALL
FIELD**

HOSTED BY: Head Coach Ashley Winter, Assistant Coaches Nate Weber and Malarie Huseman, and members of the Loras Softball team.

COST: \$60 per Camper

CAMP GOAL: To introduce the fundamentals of throwing, catching and hitting in a fun learning environment.

WHAT TO BRING: A glove and water bottle. Campers are welcome to bring their own bat and helmet, but extras will be available. Please make sure to apply sunscreen prior to attending camp. Campers may want to bring a hat or sunglasses as well.

WEATHER: In the event of rain, camp will be moved to the Graber Sports Center. Tennis shoes required.

QUESTIONS: Contact ashley.winter@loras.edu

SOFTBALL DEVELOPMENT FOR GIRLS AGED: 7-10 YEARS OLD



Age: 7 8 9 10

Child's Name: _____ Grade: _____

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

Cell Phone: _____ Parent Email Address: _____

School: _____

Total Enclosed: _____

Insurance Company: _____ Group/Policy #: _____

If there are any specific medical conditions 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.

Checks can be made payable to: Loras College Softball

NOTICE: Distribution of this flyer does not constitute an endorsement by the Dubuque Community School District.

The printing cost for these flyers was paid for by the sponsoring organization.

LITTLE DUHAWK SOFTBALL CAMP

INDEMNIFICATION AGREEMENT WAIVER AND RELEASE OF ALL CLAIMS PERMISSION TO SECURE TREATMENT 2025 LORAS COLLEGE LITTLE DUHAWK SOFTBALL CAMP - JUNE 2-4

Please read this form carefully and be aware that by participating in the 2025 Loras College Little Duhawk Softball Camp on June 2-4, 2025 (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"), acknowledge understanding of the requisite skills and qualifications necessary to properly and safely participate in the Event and hereby 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. Participant's failure to purchase health insurance coverage does not make Loras College responsible for payment of medical or other expenses.

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.

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.

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 OR GUARDIAN NAME

PARENT OR GUARDIAN SIGNATURE

