

# DUHAWK BASKETBALL SPRING BREAK CLINIC

## SCHEDULE

**SATURDAY, APRIL 1**  
**9:00 AM - 11:00 AM**

**VARIOUS LORAS GYMS**  
(AWC, GRABER, FIELDHOUSE)

- Camp Director: Chris Martin
- 120 Minutes of Small Group Instruction
- 8:1 Camper-to-Coach Ratio
- College Coaches and Players
- Games and Individual Instruction
- Age Specific Contests
- \$25 per Camper



**SKILL DEVELOPMENT FOR ALL AGE GROUPS**  
**GRADES: PRE-K - 8TH**



Current Grade:   Pre-K   K   1ST   2ND   3RD   4TH   5TH   6TH   7TH   8TH

Name: \_\_\_\_\_ Grade: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home 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 Clinic Director.

Make check payable to Loras College Basketball and send to:  
Chris Martin, Clinic Director, Loras College Mail #206  
1450 Alta Vista, Dubuque, IA 52001

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

# **DUHAWK BASKETBALL SPRING BREAK CLINIC**

## **INDEMNIFICATION AGREEMENT WAIVER AND RELEASE OF ALL CLAIMS 2023 LORAS COLLEGE DUHAWK BASKETBALL SPRING BREAK CLINIC - APRIL 1**

Please read this form carefully and be aware that by participating in the 2023 Loras College Duhawk Basketball Spring Break Clinic on April 1, 2023 (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.

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**PARTICIPANT NAME(S) (PLEASE PRINT)**

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**PARTICIPANT SIGNATURE(S)**

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**ADDRESS**

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**DATE**

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**PARENT OR GUARDIAN NAME**

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**PARENT OR GUARDIAN SIGNATURE**

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

