

**Registration Form for Middle Gusties Volleyball Clinic  
on 5/11/19 at 11:00 am – 1:30 pm for Grades 6 – 8**



First Name \_\_\_\_\_ Last Name \_\_\_\_\_

Home Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Parent Primary Email (required) \_\_\_\_\_

School \_\_\_\_\_ Grade \_\_\_\_\_

Parent Contact Name(s) \_\_\_\_\_

Parent Home Phone Number \_\_\_\_\_

Parent Cell Phone Number \_\_\_\_\_

Medical Conditions/Allergies \_\_\_\_\_

*(If emergency contact is different from parents please fill out below)*

Emergency Contact Name \_\_\_\_\_

Emergency Contact Cell Phone Number \_\_\_\_\_

**Choose a T-Shirt Size (circle one):**

Youth Large    Adult Small    Adult Medium    Adult Large    Adult XL

**Please send the registration form, signed waiver, and payment by May 3, 2019 to:**

Gustavus College

Rachelle Sherden/Volleyball

800 West College Avenue

St. Peter, MN 56082

***\*Please make checks out to: Gustavus Volleyball***

**\*\*An email reminder including what to bring will be sent to each player approximately 1 week prior to the clinic. If you miss the 5/3 deadline, you may register late up to the day of the clinic. REFUND POLICY:** Refunds will not be issued unless for extenuating circumstances.

# ACTIVITY RELEASE FORM

Read Carefully Before Signing

## ANY PARTICIPANT OR PARTICIPANT GUARDIAN MUST COMPLETE THE FOLLOWING ACTIVITY RELEASE FORM

Participant Name: \_\_\_\_\_  Male  Female Age \_\_\_\_\_  
Parent / Guardian Name(s): \_\_\_\_\_ Parent / Guardian Phone Number(s): \_\_\_\_\_  
\_\_\_\_\_  
Address (including city, state and zip code): \_\_\_\_\_

## RELEASE / DISCLAIMER

I do hereby assume full responsibility for any and all damages, injuries (including death), or losses that I may sustain or incur, if any, while attending, engaging, practicing, participating or witnessing activity and/or certain event(s) occurring in or about the premises or at any offsite location. I hereby assume full risk, waive all claims and release and hold Gustavus Adolphus College, Gustavus Volleyball Clinics, and VolleyRO LLC, individually or otherwise, harmless for any and all liability, claims, suits, damages, expenses, fees, actions, or rights of action or judgments as a result of injury or death to myself or members of my family or heirs, or my guests, or damage, destruction or loss to my property, which in any way relates to, arises out of, or is in any way connected with my presence on the premises, or my participation in events of activities thereon, or the negligent acts or omissions of the releases or any other third party.

I agree to wear all protective equipment required while participating in the activity, and I am fully aware and understand that Gustavus Adolphus College, Gustavus Volleyball Clinics, and VolleyRO LLC does not have on or about the premises, or employ or contract with any medical services, provisions for ordinary or emergency medical services. I hereby grant permission to the applicant to attend the Gustavus College Volleyball Clinic and to be treated by a licensed physician or member of the school's training staff in the event of any injury, accident, or illness during the camp.

In consideration of my participation in and the use of the Gustavus Adolphus College, Gustavus Volleyball Clinics, and VolleyRO LLC premises or facilities, I hereby release and covenant not to sue the owner of the premises (releases), shareholders, directors, officers, employees, representatives, agents, affiliates and lessees from any and all claims resulting from any physical injury that may occur to me while participating in any program or event sponsored by Gustavus Adolphus College, Gustavus Volleyball Clinics, and VolleyRO LLC.

I do hereby grant the Gustavus Adolphus College, Gustavus Volleyball Clinics, and VolleyRo LLC permission to use my likeness in a photograph, video, or other digital media ("photo") in any and all of its publications, including web-based publications, without payment or other consideration. I understand and agree that all photos will become the property of Gustavus Volleyball Clinics and VolleyRo LLC and will not be returned. I hereby irrevocably authorize the Gustavus Volleyball Clinics and VolleyRo LLC to edit, alter, copy, exhibit, publish, or distribute these photos for any lawful purpose. In addition, I waive any right to inspect or approve the finished product wherein my likeness appears. Additionally, I waive any right to royalties or other compensation arising or related to the use of the photo.

**REFUND POLICY:** *If there is a severe snowstorm with road closures around St. Peter, the winter clinic will be rescheduled to a later date and refunds will not be issued unless for extenuating circumstances. If the clinic must be rescheduled due to weather, AN EMAIL NOTICE will be sent to all campers by 5:00am the morning of the clinic.*

I agree to the refund policy set forth by Gustavus Volleyball Clinics and VolleyRo LLC and agree to abide by the policy in the event that I can no longer attend camp.

**I HAVE READ AND FULLY UNDERSTAND THE ABOVE RELEASE/WAIVER AND FULLY UNDERSTAND THAT I HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING THIS WAIVER VOLUNTARILY.**

**Parents or guardians must sign if applicant is UNDER 18.**

Parent or Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
Adult Participant Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
Printed Name of Participant: \_\_\_\_\_ Date: \_\_\_\_\_