

# 2019 BISON VOLLEYBALL TEAM CAMP

**SCHOOL/TEAM** \_\_\_\_\_  
**COACH** \_\_\_\_\_

Name \_\_\_\_\_  
 Date of Birth \_\_\_\_\_ Grade Fall 2017 \_\_\_\_\_  
 Height \_\_\_\_\_ Position \_\_\_\_\_

Email \_\_\_\_\_  
 Home Address \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
 Parent's Name \_\_\_\_\_  
 Phone (Cell) \_\_\_\_\_

Emergency Contact \_\_\_\_\_  
 Emergency Phone \_\_\_\_\_  
 Insurance Company \_\_\_\_\_  
 Insurance Policy Number \_\_\_\_\_

## FULL TEAM CAMP JULY 19-20

\*Team deposit of \$600 due by June 19th

**Check in:** July 29, 8:00 AM

**Check out:** July 20, 4:00 PM

- Commuter \$170
- Resident \$195
- Head Coach Free
  - Residential \$25
- Additional Coach
  - Residential \$45
  - Commuter \$20

## 1-DAY TEAM CAMP JULY 20

\*Team deposit of \$300 due by June 20th

**Check in:** July 20, 7:30 AM

**Check out:** July 20, 4:00 PM

- Commuter \$75
- Coach Free
- Additional Coach \$10

Mail completed form, signed waiver and payment to:

## BISON VOLLEYBALL CAMPS

NDSU-Dept. #1210

P.O. Box 6050

Fargo, ND 58108-6050

**TOTAL AMOUNT ENCLOSED:** \$ \_\_\_\_\_ **CHECK #:** \_\_\_\_\_

### WAIVER OF LIABILITY, INDEMNIFICATION, AND MEDICAL RELEASE:

The undersigned parent and/or legal guardian does hereby acknowledge that he/she is aware of the dangers and the risks to the participant's person and property involved in participation in North Dakota State University's 2019 Camps.

The undersigned parent and/or legal guardian and participant understand that this activity involves certain risks for physical injury to the participant. We also understand that there are potential risks of which may presently be unknown. Because of the dangers of participating in this activity, the undersigned parent and/or legal guardian and participant recognize the importance and the participant agrees to fully comply with the applicable laws, policies, rules and regulations, and any supervisor's instructions regarding participation in this activity. The undersigned parent and/or legal guardian and participant understand that the State of North Dakota (State) does not insure participants in the above-described activity, that any coverage would be through personal insurance, and the State has no responsibility or liability for injury resulting from this activity.

The undersigned parent and/or legal guardian acknowledges that the participant voluntarily elects to participate in this activity with knowledge of the danger involved, and hereby agrees to accept and assume any and all risks of property damage, personal injury, or death.

#### Waiver of Liability and Indemnification:

In consideration for being allowed to voluntarily participate in the above-referenced event, on behalf of myself, the participant, his/her personal representatives, heirs, next of kin, successors and assigns, the undersigned parent and/or legal guardian forever:

a. waives, releases, and discharges the State of North Dakota and its agencies, officers and employees from any and all liability for the participant's death, disability, personal injury, property damages, property theft or claims of any nature which hereafter accrue to the participant, and the participant's estate as a direct or indirect result of participation in the activity or event; and

b. defend, indemnify, and hold harmless the State of North Dakota, its agencies, officers and employees, from and against any and all claims of any nature including all costs, expenses and attorneys' fees, which in any manner result from participant's actions during this activity or event. Consent is given for the participant to receive medical treatment, which may be deemed advisable in the event of injury, accident or illness during this activity or event. This release, indemnification, and waiver shall be construed broadly to provide a release, indemnification, and waiver to the maximum extent permissible under applicable law.

Consent is given for the participant to receive medical treatment, which may be deemed advisable in the event of injury, accident or illness during this activity or event. This release, indemnification, and waiver shall be construed broadly to provide a release, indemnification, and waiver to the maximum extent permissible under applicable law.

I, the undersigned parent and/or legal guardian, affirm that I am freely signing this agreement. I have read this form and fully understand that by signing this form I am giving up legal rights and/or remedies, which may otherwise be available to myself, the minor participant regarding any losses the participant may sustain as a result of participation in the activity. I agree that if any portion is held invalid, the remainder will continue in full legal force and effect.

#### READ BEFORE SIGNING:

Name of Minor: \_\_\_\_\_ Age of Minor: \_\_\_\_\_ Signature of Minor: \_\_\_\_\_ Date: \_\_\_\_\_

Printed Name of Parent/Guardian: \_\_\_\_\_ Signature of Parent/Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

NDSU does not discriminate in its programs and activities on the basis of age, color, gender expression/identity, genetic information, marital status, national origin, participation in lawful off-campus activity, physical or mental disability, pregnancy, public assistance status, race, religion, sex, sexual orientation, spousal relationship to current employee, or veteran status, as applicable. Direct inquiries to Vice Provost for Title IX/ADA Coordinator, Old Main 201, NDSU Main Campus, 701-231-7708, ndsu.eaaa@ndsu.edu.

NDSU is required to provide reasonable accommodations for guests with disabilities. Examples of accommodations include a sign language interpreter, a dietary accommodation, or a wheel-chair accessible room. In the event there are additional expenses involved, it is the responsibility of the sponsor to pay. Guests are required to contact the sponsor a minimum of 3 weeks before the event.

The NDSU Volleyball Camps are open to any and all entrants (limited only by number, age, grade level and/or gender).

# NORTH DAKOTA STATE UNIVERSITY