

2020 WINTER VOLLEYBALL CAMP REGISTRATION

Name _____

Date of Birth _____ Grade _____

Parents Email _____

Home Address _____

City _____ State _____ Zip _____

Parent's Name (1) _____

Phone (Cell) _____

Emergency Contact _____

Emergency Phone _____

Insurance Company _____

Insurance Policy Number _____

PLEASE CHECK TYPE AND DATES OF REGISTRATION

Type of Registration

- High School 2:30-4:30 pm
- Junior High 1:00-2:30 pm
- Youth 12:00-1:00 pm

High School (Grade 9-12)

- Min. 3 Sessions = \$105
- 4 Sessions = \$130
- 5 Sessions = \$155

Junior High (Grade 6-8)

- Min. 3 Sessions = \$90
- 4 Sessions = \$110
- 5 Sessions = \$130

Youth (Grade 5 and Under)

- Min. 3 Sessions = \$45
- 4 Sessions = \$55
- 5 Sessions = \$65

Dates of Registration

- January 19th
- January 26th
- February 2nd
- February 9th
- February 16th

REGISTER ONLINE AT NDSUVOLLEYBALLCAMPS.COM OR

Send payment and registration to:

BISON VOLLEYBALL CAMPS

NDSU-Dept. #1210
P.O. Box 6050
Fargo, ND 58108-6050

TOTAL AMOUNT ENCLOSED: \$ _____ **CHECK NO.:** _____

Make checks payable to Bison Volleyball Camps.

You will receive a confirmation email upon receipt of registration.



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 2020 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:

- 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
- 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 acts 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 Parent/Guardian: _____

Date: _____

Printed Name of Parent/Guardian: _____

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, Title IX/ADA Coordinator, Old Main 201, 701-231-7708

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.