



BEARCAT

VOLLEYBALL CAMPS

2019 NORTHWEST MISSOURI STATE UNIVERSITY

2019 REGISTRATION FORM

Name (first, middle initial, last) _____

Address _____ City _____ State _____ Zip _____

(_____) _____ (_____) _____

Home phone _____ Student's cell phone _____

Email _____ Date of birth _____ Age _____

Name of high school _____

School's address _____ Grade next fall _____ Position Played _____

(_____) _____

Coach's name _____ Coach's phone _____

Roomate Preference _____ Height _____ Weight _____

	Youth	Adult
T-shirt size (circle one)	M L	S M L XL XXL

Parent/Guardian _____ (_____) _____
Parent's work/cell phone

Address _____

Person to contact in case of emergency _____ (_____) _____
Phone number

Relationship _____

Does this camper take any medication? Yes No If yes, please explain:

If the camper has any limitations, food allergies or health problems we should be aware of, please explain:

Register and pay online at
www.bearcatvolleyball.com

or complete application and send with full payment to:

Bursar's/Cashiering
Attn: Diana Heitman
Northwest Missouri State University
800 University Drive
Maryville, MO 64468-6001

Make checks payable to Northwest Missouri State University.

Credit Card Payments are accepted online for All Skills, Mini Cat, and Elite Camp.

I will attend the following session(s):

All Skills Camp: July 9 - 10

\$160 Resident

\$130 Commuter

Mini Cat Camp I: June 19

\$80

Mini Cat Camp II: July 16

\$80

Team Camp: July 12 - 14

\$170 Resident

\$125 Commuter

Mozingo Ropes Course: July 11, 12

\$30 Resident

\$25 extra night in dorms

Elite Camp: July 30-31

\$230 Resident

\$200 Commuter

Total Amount Due: \$ _____

Parent's Statement (MUST be signed)

See attached agreement.

Contact Camp Director:

Alana Wittenburg
alanaw@nwmissouri.edu
Phone: 660.562.1026
Fax: 660.562.1493

REGISTER AND PAY ONLINE AT WWW.BEARCATVOLLEYBALL.COM

ASSUMPTION OF RISK, RELEASE, AND WAIVER OF LIABILITY AGREEMENT

In consideration of the services provided by Northwest Missouri State University, its board, employees, volunteers, participants, and all other persons or entities acting in any capacity on its behalf (collectively referred to as "UNIVERSITY") in conjunction with the _____ ("Event"), I hereby agree to release, hold harmless, and discharge UNIVERSITY, on behalf of myself, my children, my parents, my heirs, assigns, personal representatives and estate as follows:

1. I acknowledge that my participation in the Event entails known and unanticipated risks, which could result in physical or emotional injury, paralysis, death, or damage to myself, to property, or to third parties. I understand that such risks simply cannot be eliminated. I further certify that I am willing to assume the risk of any medical or physical condition I may have.
- 2.
3. I expressly agree and promise to accept and assume all of the risks existing in this Event. My participation in this Event is purely voluntary, and I elect to participate despite the risks. I hereby give my consent for any medical treatment that may be required, as determined by a medical professional at the medical facility, during my participation in the Event, with the understanding that the cost of any such treatment will be solely my responsibility.
4. I hereby voluntarily release, waive, and forever discharge any and all claims of negligence against UNIVERSITY that relate in any way to any activity I undertake in conjunction with the Event, including transportation to and from the Event.
5. Should UNIVERSITY or anyone acting on its behalf, be required to incur attorney's fees and costs to enforce this Agreement, I agree to indemnify and hold them harmless for all such fees and costs.
6. I understand that UNIVERSITY does not maintain an insurance policy that would provide coverage in the event that I am injured during the Event or cause any injury during the Event. I certify that I have adequate insurance to cover any injury or damage I may cause or suffer while participating in the Event, or else I agree to bear the costs of such injury or damage myself.
7. I understand that UNIVERSITY may photograph, film, and/or record ("Medium") my participation in the Event. I authorize UNIVERSITY to use Medium and my likeness in conjunction with any UNIVERSITY marketing and/or promotional materials, including, but not limited to, social media accounts. I understand that I will not be compensated in any way for such use.

In the event that I file a lawsuit against UNIVERSITY, I agree to do so solely in the State of Missouri, and I further agree that the substantive law of Missouri shall apply without regard to conflict of law rules. I agree that if any portion of this Agreement is found to be void or unenforceable, the remaining portions shall remain in full force and effect.

By signing this document, I expressly state that I have had sufficient opportunity to read this entire Agreement.

I further certify that I have read and understood it, and I agree to be bound by its terms.

I further acknowledge that this document contains a negligence waiver and indemnification provisions.

Signature of Participant: _____ Print Name: _____

Date of Birth: _____

Address: _____

Phone: _____ Date: _____

PARENT'S OR GUARDIAN'S WAIVER

(Must be completed by all parents and guardians for participants under the age of 18)

In consideration of _____ (print minor's name) ("Minor") being permitted to participate in the Event, I agree to be bound by the terms of this Agreement and further agree to waive any and all claims of negligence against UNIVERSITY which are brought by, or on behalf of Minor, and which are in any way connected with the Event, including transportation to and from the Event.

Parent or Guardian: _____ Print Name: _____

Date: _____

Parent or Guardian: _____ Print Name: _____

Date: _____