

FREE CLINICS



Hosted by Texas Woman's University volleyball coaching staff
Location: Kitty Magee Arena in Pioneer Hall

COACHES CLINIC

April 19, 2012

3:30 p.m. - 4:30 p.m.

*Designed for volleyball coaches
at all levels.*

YOUTH CLINIC

April 19, 2012

4:30 p.m. - 6:30 p.m.

*Designed for volleyball players in
6th-8th grades.*

Questions: Please contact TWU volleyball assistant coach
Todd Lyles at 940--898-2374/mlyles@twu.edu

TEXAS WOMAN'S UNIVERSITY
Free Youth Volleyball Clinic
Thursday, April 19, 2012



WAIVER AND RELEASE OF LIABILITY

As the parent/guardian of the applicant, I hereby grant permission for him/her to participate in the above clinic at Texas Woman's University and I represent that he/she is physically able to participate in clinic activities. In consideration of the applicant's being allowed to participate in the clinic, I, on behalf of myself, my child, and our respective representatives and heirs, hereby voluntarily release, waive, discharge, hold harmless, defend and indemnify Texas Woman's University and its employees, officers and Regents from and against any and all claims, actions or losses for bodily injury, property damage, wrongful death, loss of services or otherwise which may be sustained by the child during attendance at this clinic. I furthermore agree and promise that we will not hold the University or any of the above parties responsible in this respect. This waiver of liability expressly includes liability relating to transportation to, from and or in connection with such clinic. In the event of illness or injury, we hereby authorize the staff members of the clinic to obtain assistance from doctors, nurses or athletic trainers for medical, surgical or any other appropriate treatment for the above mentioned child. Furthermore, I grant permission and consent for the attending physician to provide any medical or surgical treatment, which, in the physician's professional opinion, is deemed and necessary. If medical/surgical care is obtained, we will not hold the clinic or Texas Woman's University, its employees or Regents responsible or liable for the judgment of and/or treatment by the physician. I understand that the clinic director, Texas Woman's University and the department of Intercollegiate Athletics cannot assume responsibility for medical, dental or other health expenses incurred as a result of my child's stay at this clinic.

Participant's name: _____ Participants grade level (e.g., 6th grade): _____

Is the participant a resident of the State of Texas? (mark yes or no)

☐ YES

☐ NO*

*If NO, does the participant live within 100 miles of the TWU-Denton campus?

☐ YES

☐ NO

Parent/Guardian Name (please print): _____ Parent/Guardian Home Phone: _____

Parent/Guardian Work Phone: _____ Parent/Guardian Cell Phone: _____

Parent/Guardian E-Mail Address: _____

In case of emergency and Parent/Guardian cannot be reached, please notify: _____

Phone Number: _____ Relationship to participant: _____

Further, I hereby grant full permission to all persons associated with this event to use any photographs, video tapes, motion pictures, recordings or any other record of this event involving the applicant for publicity and promotional purposes.

Signature of Parent/Guardian: _____ Date: _____