

Hill College Volleyball

Summer Positional Clinics

HILL COLLEGE
BOB BULLOCK SPORTS CENTER
112 LAMAR DR. HILLSBORO, TX 76645

SETTING SESSION 3:00-4:00 PM
SERVE RECEIVE/DEFENSE SESSION 4:30-6:00 PM
HITTING/BLOCKING SESSION 6:30-8:00 PM

High School (17-18 school year age)

- **(Tuesday's)** June 20th, June 27th, July 18th, July 25th

Middle School (17-18 school year age)

- **(Thursday's)** June 22nd, June 29th, July 27th, August 3rd

\$20 a session (Cash or Checks-made out to Hill College Volleyball)

Pre-Register by mail or email - walk ups welcomed!

Hill College Volleyball

112 Lamar Dr

Hillsboro, TX 76645

Questions? Email ameredith@hillcollege.edu or 806-282-1560

Name:
Age:
Grade: (for 2017-18 school year)
School:
Parents E-mail Address:
Cell Phone #: (if applicable)
Clinic and Clinic Days:

Emergency Contact Information of Parent or Guardian and Emergency Contact Information

Parent(s) or Guardian(s) Names:
Parent(s) or Guardian(s) Cell Phone number or number to contact:
Emergency Contact Name:
Relationship to Camper:
Emergency Contact Cell Phone or number to be reached at:

**Hill College, Hillsboro High School, Hill College Volleyball & Camp Staff
LIABILITY RELEASE, WAIVER, DISCHARGE AND AGREEMENT NOT TO SUE**

For Minor Participation (Gr. K - 12)

1. I desire that my child _____ participate in the following activity/trip _____ ("Activity"), to be held on _____. I fully understand and appreciate the dangers, hazards, and risks inherent in the Activity, in the transportation to and from the Activity (if applicable), and in any activities undertaken supplemental to the Activity. These dangers and risks can result in injury and impairment to my body, general health, well being, and could include serious or even mortal injuries and property damage.
2. Knowing the dangers, hazards, and risks of such activities, and in consideration of being permitted to participate in the Activity, on behalf of myself, my family, heirs, and personal representative(s), I agree to assume all the risks and responsibilities surrounding my child's participation in the Activity, the transportation, and in any activities undertaken as supplemental and to release, waive, forever discharge, and covenant not to sue the State of Texas, Hill College, and its governing board, officers, agents, employees and any students acting as employees ("Releasees"), from and against any and all liability for any harm, injury, damage, claims, demands, actions, causes of action, costs, and expenses of any nature that I may have or that may hereafter accrue to me, arising out of or related to any loss, damage, or injury, including but not limited to suffering and death, that may be sustained by my child or by any property belonging to my child, whether caused by the negligence or carelessness of the Releasees, or otherwise, while in, on, upon, or in transit to or from the premises where the Activity, or any supplement to the Activity, occurs or is being conducted.
3. I understand and agree that Releasees are granted permission to authorize emergency medical treatment, if necessary, and that such action by Releasees shall be subject to the terms of this Agreement. I understand and agree that Releasees assume no responsibility for any injury or damage which might arise out of or in connection with such authorized emergency medical treatment.
4. It is my express intent that this release and hold harmless agreement shall bind myself, the members of my family and spouse, if I am alive, and my estate, family, heirs, administrators, personal representatives, or assigns, if I am deceased, and shall be deemed as a "Release, Waiver, Discharge and Covenant" not to sue the Releasees.
5. In signing this Release, I acknowledge and represent that I have carefully read this Agreement and understand its contents and that I sign this document as my own free act and deed. I further state that I am an adult and fully competent to sign this Agreement; and that I execute this release for full, adequate, and complete consideration fully intending to be bound by the same. I further state that there are no health-related reasons or problems which preclude or restrict my child's participation in this activity, and that I have adequate health insurance necessary to provide for and pay any medical costs that may be attendant as a result of injury to my child.
6. I further agree that this Release shall be construed in accordance with the laws of the State of Texas. If any term or provision of this Release shall be held illegal, unenforceable, or in conflict with any law governing this Release the validity of the remaining portions shall not be affected thereby.

THIS IS A RELEASE OF LEGAL RIGHTS. READ AND BE CERTAIN YOU UNDERSTAND IT BEFORE SIGNING.

Signature of Parent or Guardian:

Date: _____ Print Name: _____