



# WINTER HITTING LEAGUE 2019



## Camp Preview

The Loras Baseball Team will be running a winter hitting league, designed to offer young athletes a competitive jumpstart to their winter baseball training. Each team consists of 4 players and games are played using the indoor batting cages inside the Graber Sports Center and Baseball Facility in Field House at Loras College. Player and team scores are determined by hitting the ball into designated areas of the batting cage with different point values. Total points will determine the team's final score and individual hitting leaders. All scores and statistics for each game will be e-mailed following each night of play. Ages 12 and up! You hit 1 hour a night. Please fill out waiver on back also.  
6 Nights November 3,10,17,24, Dec. 1 and 8.  
Cost \$90 per player or \$360 per Team



### Highlights

Instruction from college coaches & players

Fun & Competitive atmosphere among area athletes

Teams may consist of more than 4 players, but only 4 can compete each night.

You may have Subs if a team member can't make a night.

One hour of Hitting each night.

You can sign Team up online at [www.lorasbaseballcamps.com/](http://www.lorasbaseballcamps.com/)

### Contact Information:

Carl Tebon 563-588-7732 or Aidan Wojciehowski 563-588-7951  
[Carl.tebon@loras.edu](mailto:Carl.tebon@loras.edu) [Aidan.wojciehowski@loras.edu](mailto:Aidan.wojciehowski@loras.edu)

Team Name: \_\_\_\_\_

(1): \_\_\_\_\_ Age : \_\_\_\_\_ E-Mail \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

(2): \_\_\_\_\_ Age : \_\_\_\_\_ E-Mail \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

(3): \_\_\_\_\_ Age : \_\_\_\_\_ E-Mail \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

(4): \_\_\_\_\_ Age : \_\_\_\_\_ E-Mail \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Make Checks Payable to : Loras Baseball  
 Send Check & Registration to: Loras College Baseball #154 1450 Alta Vista Dubuque, IA 52004

**INDEMNIFICATION AGREEMENT  
WAIVER AND RELEASE OF ALL CLAIMS  
PERMISSION TO SECURE TREATMENT  
*Loras Hitting League*  
*Nov. 3, 10, 17, 24 Dec. 1 and 8***

*Please read this form carefully and be aware that by participating in the Loras Hitting League on Nov. 3, 10, 17, 24, Dec.1 and 8 (hereinafter Event) you will be waiving and releasing all claims for injuries, agreeing to indemnify, hold harmless and defend Loras College from all claims arising out of such injuries even if caused by Loras College and authorizing Loras College to obtain emergency healthcare at your expense.*

I, on behalf of myself and, on behalf of any child/ward of mine participating in the Event as well as any parent/guardians of such child/ward (hereinafter individually and collectively referred to as "Participant"), acknowledge understanding of the requisite skills and qualifications necessary to properly and safely participate in the Event and hereby agree to assume the full risk of any injuries, including death, damages or loss regardless of severity, which Participant may sustain as a result of, arising out of, connected with, or in any way associated with the Event.

Participant agrees to waive and relinquish all claims Participant may have as a result of the Event against Loras College and its employees and agents and does hereby fully release and discharge Loras College and its employees and agents from any and all claims for injuries, including death, damage or loss which Participant may have or which may accrue to Participant as a result of, or arising out of, connected with, or in any way associated with the Event, even if caused by the negligence of Loras College, its employees or agents.

Participant further agrees to INDEMNIFY AND HOLD HARMLESS AND DEFEND Loras College and its employees and agents from any and all claims for injuries, including death, damages and losses sustained by Participant as a result of, arising out of, connected with, or in any way associated with the Event, even if caused by the negligence of Loras College, its employees or agents..

Participant further understands that Loras College does not carry insurance for injuries sustained by Participant. Therefore, Participant must look to their own health insurance policy for any injuries sustained in connection with or arising out of this Event. Participant's failure to purchase health insurance coverage does not make Loras College responsible for payment of medical or other expenses.

In the event of an emergency, Participant authorizes Loras College to secure any treatment deemed necessary from any licensed hospital, physician, and/or medical personnel and agrees to be responsible for payment of any and all services rendered.

If any provision herein is held invalid or unenforceable for any reason, Participant understands and agrees that the remaining provisions will continue in full force and effect.

Participant has read and fully understands this entire document and declares that all information supplied by Participant is accurate and current.

Participant Name(s) (*please print*): \_\_\_\_\_  
(Parent) \_\_\_\_\_ (Child)

Address: \_\_\_\_\_

Participant Signature(s): \_\_\_\_\_ Date: \_\_\_\_\_

(*Must be signed by Parent or Guardian if any Participant is a minor*)

Relationship to Participant (*If any Participant is a minor*): \_\_\_\_\_