

2021 REGISTRATION FORM
KUTZTOWN UNIVERSITY FASTPITCH EXPOSURE CLINIC
Clinic Date: January 10, 2021

Name: _____ Street: _____

City: _____ State: _____ Zip: _____ Email: _____

Home Phone: _____ Cell Phone: _____ DOB: _____

Parent's Name: _____

High School: _____ Grad. Year: _____ Major: _____ GPA: _____

SAT Scores: _____ ACT: _____ NCAA Eligibility Center: Yes: _____ No: _____

(Player Info) Primary Position: _____ Secondary Position: _____

Bats: _____ Throws: _____ Ht. /Wt.: _____

Travel Team: _____ Travel Coach: _____

Phone: _____ Email: _____

Exposure Clinic Cost

1 Session \$65.00	2 Sessions \$115.00	3 Sessions \$160.00	4 Sessions \$190.00
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Sessions have limited openings and will be closed when full. Register Early!!!

Pitching Exposure Clinic Sessions _____ #1 8:45-10:00 _____ #2 10:15-11:30

Hitting Exposure Clinic Sessions _____ #1 8:30-10:00 _____ #2 10:15-11:45 _____ #3 12:00-1:30

Strength & Agility Clinic Sessions _____ #1 8:30-10:00 _____ #2 10:15-11:45

Infield Exposure Clinic Sessions _____ #1 11:45-1:15 _____ #2 3:15-4:30

Slapping Exposure Clinic Session _____ 1:30-3:00

Catching Exposure Clinic Session _____ 1:30-3:00

Outfield Exposure Clinic Session _____ 1:30-3:00

Recruiting Clinic Sessions _____ #1 10:45-12:00 _____ #2 12:30-1:45

(The recruiting session is a classroom session w/college coaches representing different NCAA Divisions. They review the NCAA Eligibility Center, timeline, materials, how to attract a coach's attention, etc. This session is open to parents and players at the same session fees listed above.)

of Sessions: _____ \$Total: _____ T-Shirt Size: _____ (Adult Small – X-Large)

ALL PAYMENTS MUST BE SUBMITTED VIA MAIL. NO ONLINE CREDIT CARD PAYMENTS FOR THIS EVENT

Please make checks payable to Kutztown University Softball

** A confirmation email will be sent confirming Registration & Payment

Return Registration & Payment to:

KUTZTOWN UNIVERSITY FASTPITCH EXPOSURE CLINIC
P.O. Box 730 Kutztown, PA 19530
(610) 683-4850 (office) (610) 683-1379 (fax)

Refunds will only be provided in the event that the clinic is cancelled due to COVID-19

KUTZTOWN UNIVERSITY OF PENNSYLVANIA
Waiver of Liability, Assumption of Risk, and Indemnity Agreement

PARTICIPANT NAME: _____

NAME OF EVENT/ACTIVITY: Kutztown University Softball Exposure Clinic

EVENT/ACTIVITY DATE(S): January 10, 2021

Waiver: In consideration of being permitted to participate in NAMED EVENT/ACTIVITY listed above at Kutztown University on DATE(S) listed above, I hereby agree to the following:

hereinafter called "The Activity", I, for myself, my heirs, personal representatives or assigns, **do hereby release, waive, discharge, and covenant not to sue** Kutztown University of Pennsylvania, and the State System of Higher Education, part of the Commonwealth of Pennsylvania, and their officers, employees, volunteers and agents from liability **for any and all claims including the negligence of Kutztown University of Pennsylvania, its officers, employees, volunteers and agents**, resulting in personal injury, accidents or illnesses (including death), and property loss arising from, but not limited to, participation in The Activity.

Assumption of Risks: Participation in The Activity carries with it certain inherent risks that cannot be eliminated regardless of the care taken to avoid injuries. The specific risks vary from one activity to another, but the risks range from: 1) minor injuries such as scratches, bruises, and sprains; 2) major injuries such as eye injury or loss of sight, joint or back injuries, heart attacks, concussions; 3) contracting contagious illness, to 4) catastrophic injuries including paralysis and death.

Representations: I certify that I am physically fit, have sufficiently prepared or trained for participation in The Activity, and have not been advised to not participate by a qualified medical professional. I certify there are no health-related reasons or problems which preclude my participation in The Activity.

I have read the previous paragraphs and I know, understand, and appreciate these and other risks that are inherent in The Activity. I hereby assert that my participation is voluntary and that I knowingly assume all such risks.

Release: I agree to allow my photo, video or film likeness to be used for any legitimate purpose by the event holders, producers, sponsors, organizers and assigns of The Activity.

Indemnification and Hold Harmless: I also agree to INDEMNIFY AND HOLD Kutztown University and the State System of Higher Education HARMLESS from any and all claims, actions, suits, procedures, costs, expenses, damages and liabilities, including attorney's fees brought as a result of my involvement in The Activity and to reimburse them for any such expenses incurred.

Severability: The undersigned further expressly agrees that the foregoing waiver and assumption of risks agreement is intended to be as broad and inclusive as is permitted by the law of the Commonwealth of Pennsylvania and that if any portion thereof is held invalid, it is agreed that the balance shall, notwithstanding, continue in full legal force and effect.

Acknowledgment of Understanding: I have read this waiver of liability, assumption of risk, and indemnity agreement, fully understand its terms, and **understand that I am giving up substantial rights, including my right to sue.** I acknowledge that I am signing the agreement freely and voluntarily, and **intend by my signature to be a complete and unconditional release of all liability** to the greatest extent allowed by law.

Signature of Participant

Date

Signature of Parent/Guardian of Minor

Date