KIDS NIGHT OUT

FRIDAYS OCTOBER 17 NOVEMBER 14

HOSTED BY LORAS COLLEGE WOMEN'S BASKETBALL

5:30-8:30 PM

GRABER SPORTS CENTER

PRE-K TO 6TH GRADE

PIZZA & DRINKS PROVIDED

★ ★ ★

GAMES BOUNCE HOUSE & MORE!

QUESTIONS

Justin Busch
Head Coach
563.588.7947
justin.busch@loras.edu

$25 for 1 child · **$40 for 2** children · **$50 for 3** children

Distribution of this flier does not constitute an endorsement by the Dubuque Community School District. Any production or printing cost for these fliers was paid for by the sponsoring organization.

TEAR OFF & RETURN WITH PAYMENT

KIDS NIGHT OUT REGISTRATION

PLEASE PRINT

To register, return this completed for AND payment with check payable to: Loras College

Mail to:
Women's Basketball
Justin Busch, Clinic Director
Loras College Mail #155
1450 Alta Vista St.,
Dubuque, IA 52001-4327

Register online: lorasgirlsbasketballcamp.com

FRIDAY, OCT. 17
FRIDAY, NOV 14

$25 for 1 child/per event
$40 for 2 children/per event
$50 for 3 children/per event

Total Enclosed: $_____

☐ OCT 17
☐ NOV 14

PARTICIPANT NAME + GRADE FALL 25

☐ OCT 17
☐ NOV 14

PARTICIPANT NAME + GRADE FALL 25

☐ OCT 17
☐ NOV 14

PARTICIPANT NAME + GRADE FALL 25

PARENT/GUARDIAN(S) NAME(S)

PARENT/GUARDIAN SIGNATURE FOR WAIVER & RELEASE

EMAIL

HOME PHONE **CELL PHONE**

ADDRESS

CITY **STATE** **ZIP**

PHOTO RELEASE ☐ I grant permission to use images and/or video of my child taken at this event in publications, news releases, online, and in other communications related to the mission of Loras College.

Indemnification agreement waiver and release of all claims & permission to secure treatment.

Please read this form carefully and be aware that by participating in the Kids Night Out on Oct. 17, 2025 and/or Nov 14, 2025 (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.