



SOFTBALL CLINIC & ALUMNAE GAME

Saturday, March 24

- ◆ Instruction led by 2001 UCLA Softball team including 2000 Olympians: Stacey Nuveman, Amanda Freed
- ◆ Special appearance by UCLA Alumnae and 2000 Olympians: Lisa Fernandez, Dot Richardson, Sheila Cornell Douty

PLAYERS CLINIC

Instruction in hitting ONLY!

Check-In: 7:00 - 8:30 AM

Clinic: 9:00 - 11:00 AM

UCLA Intramural Field

Girls: Grades 5-12

◆ \$25 Registration before March 17

◆ \$40 Registration after March 17

Team Discount:

10 or more players. \$20 per player (\$5 discount per player). All applications must be received in one envelope by March 17 to qualify for the discount.

COACHES CLINIC

9:00 - 11:00 AM

◆ \$25- Registration

Coach Discount:

ONE free coach admission to Coaches Clinic per team (10 or more players). Coach must sign up with team by March 17.



ALUMNAE GAME
FREE Admission to General Public
UCLA Easton Stadium

1:00PM

2001 UCLA SOFTBALL CLINIC APPLICATION FORM

CHECK ONE:☐ Player ☐ Coach**Section 1** (Coaches and player fill out section 1)

NAME	AGE(PAYER ONLY)	GRADE
ADDRESS		
CITY	STATE	ZIP
HOME PHONE		
SCHOOL/TEAM		

Section 2 (Players fill out section 2)**MEDICAL INFORMATION**

INSURANCE CO.	POLICY NO.
PERTINENT MEDICAL HISTORY	
CURRENT MEDICATION	

*****See back side and sign the waiver*****

Check payable to: UC Regents

Include the player's name on the check. \$25 returned check fee.

Confirmation letter & map mailed upon receipt of application

Send application & payment to:

UCLA Softball Clinic

PO Box 24044

Los Angeles, CA 90024-0044

Phone: 310-206-3550

**UNIVERSITY OF CALIFORNIA AT LOS ANGELES
UCLA SOFTBALL CLINIC**

Waiver of Liability, Assumption of Risk, and Indemnity Agreement

Waiver: In consideration of being permitted to participate in any way in UCLA Softball Clinic, I, for myself, my heirs, personal representatives or assigns, **do hereby release, waive, discharge, and covenant not to sue** The Regents of the University of California, its officers, employees, and agents from liability **from any and all claims including the negligence of The Regents of the University of California, its officers, employees and agents**, resulting in personal injury, accidents or illnesses (including death), and property loss arising from, but not limited to, participation in UCLA Softball Clinic.

Signature of Parent of Minor

Date

Assumption of Risks: Participation in UCLA Softball Clinic 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 to 2) major injuries such as eye injury or loss of sight, joint or back injuries, heart attacks, and concussions to 3) catastrophic injuries including paralysis and death.

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

Indemnification and Hold Harmless: I also agree to INDEMNIFY AND HOLD The Regents of the University of California 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 UCLA Softball Clinic 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 State of California 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 Parent of Minor

Date