**Skills Clinic Staff**

Head Coach Tiffany Ozbun and assistant coaches Laina Connor and Brian Ledford will lead the instruction of the Skills Clinic. Members of the 2019 Denison Softball Team will also be assisting in the instruction.

Clinic participants will receive hands on instruction as they rotate through multiple offensive and defensive stations. Each station has been developed to improve each aspect of their game. Our prospect camp is designed for more advanced softball players in grades 9-12, specifically those with a desire to compete at the college level.

All participants please bring your own equipment. Ex: glove, bat, helmet, batting gloves (if needed) and catcher’s equipment.

Please register early to ensure a spot in the 2018 Skills Clinic. Note the deadline of October 1st. All registrations received after the 1st will require an additional $15.00 late fee.

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**Clinic Registration Form**

**Sunday, October 7, 2018**

<table>
<thead>
<tr>
<th>Sign up for: (please check those that apply)</th>
<th>Time</th>
<th>Price</th>
</tr>
</thead>
<tbody>
<tr>
<td>□ Skills clinic (Grades 9-12) 1 – 4:00p</td>
<td></td>
<td>$90.00</td>
</tr>
<tr>
<td>□ Late Fee (registrations rec’d after October 1st)</td>
<td></td>
<td>$15.00</td>
</tr>
</tbody>
</table>

**Discounts** (only one discount per registration)

- Family (only one per family) - $20.00
- Denison University Employee - $20.00

**Total:**

Items required with the submission of registration form:
- Full payment (Cash, Check, or Money Order)
  * Clinic slots and t-shirts will not be guaranteed without full payment received.

**T-shirt size (adult only)**

- [ ] Small
- [ ] Medium
- [ ] Large
- [ ] X-Large

| Name: ____________________________ | Age: ________ |
| Address: ____________________________________________ |
| City, State, Zip: ____________________________________________ |
| Cell: ____________________________ | Position(s): ____________________________ |
| E-mail: ____________________________ |
| School: ____________________________ | Grade: ________ |
| Travel ball team: ____________________________ |

**All registrations will be confirmed via e-mail**

Please make all checks payable to: **Denison University**

* All clinics are non-refundable

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**Return Registrations to:**

Denison University Softball
Head Coach Tiffany Ozbun
200 Livingston Drive
Granville, OH 43023
Phone: 740-587-6784
Fax: 740-587-6362
E-mail: ozbunt@denison.edu
Website: www.denisonbigred.com
Denison University, Granville, Ohio

Waiver of Liability, Assumption of Risk & Indemnity Agreement
Elective and Voluntary Activities Waiver

Denison University Softball  Tiffany Ozbun
Organization, Club, Department, or Class  Responsible person for activity and/or activity sponsor or faculty member

Waiver:
In consideration of being permitted to participate in any way in:

Softball Skills Clinic

Hereafter called “The Activity” I for myself, my heirs, personal representatives, or assigns, do hereby release, waive, discharge, and covenant not to sue Denison University of Granville, Ohio, its officers, employees, and agents from liability from any and all claims including the negligence of Denison University, 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 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, and concussions; and 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 The Activity. 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 Denison University of Granville, Ohio 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 State of Ohio 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  Print Name of Participant  Date  Age (if minor)

Signature of Parent/Guardian (if minor)  Print Name of Parent/Guardian (if minor)  Date

Additional Information as Required by Event Sponsor
(may be needed for all non-Denison students and for Denison students in travel related events)

Medical Insurance Carrier Name  Insurance Policy Number

Primary location of activity (address, city, state)  Participant cell phone number

Emergency contact person by name  Emergency contact phone number

Elective and Voluntary Activities Waiver
Revised 04/2012

Denison University
Risk Management Services & EHS