



2019 Bradley Volleyball Camp

Date: June 4-6

Time: 4:30-6:00pm Junior High (incoming 6th, 7th and 8th graders)
6:00-8:30pm High School

Cost: JH \$45
HS \$75

Location: Elmwood HS

Please sign the attached waiver and submit to the Junior High or Elementary School office by May 23rd.

Questions, contact Penny Silzer, 309-369-7486, psilzer@elmwood322.com

Carol Torok Volleyball Camps at Bradley University are open to any and all entrants, in accordance with the NCAA camps and clinic legislation (limited only by number, age, grade level, and/or gender). CT Volleyball Camps LLC is independently owned and operated, and is no way administered or associated with Bradley University.



RECOGNITION AND ASSUMPTION OF RISK AGREEMENT

I, the undersigned _____, authorize my participation in the Carol Torok Volleyball Camps LLC. It is my understanding that participation in the activities that make up the Carol Torok Volleyball Camps LLC involves some inherent risk of injury. As such, I hereby release, waive, discharge, and covenant not to sue Bradley University, the Bradley Athletic Department, their officers, servants, agents, or Carol Torok Volleyball Camps LLC employees/staff from any and all liability, claims, demands, actions, and causes whatsoever arising out of or related to any loss, the releases, or otherwise while participating in such activity, or while in, on or upon the premises where the activity is being conducted. I hereby release the above mentioned persons from all liability, including claims and suits of law or in equity, for injury, fatal, or otherwise which may result from the student taking part in Carol Torok Volleyball Camps LLC. Furthermore, I give Carol Torok Volleyball Camps LLC permission to transport me by automobile to an off-campus site or facility, if needed.

I also agree to follow all instructions and procedures in order to maintain a maximum level of safety. I also understand that I need to provide a current and up to date insurance policy, or by signing this document, I waive Carol Torok Volleyball Camps LLC from all medically related injuries and/or incidents.

I also give permission for any emergency medical care or treatment by a physician, surgeon, hospital, or medical care facility that may be required, and accept responsibility for the cost.

DATE: _____

NAME OF PARTICIPANT

SIGNATURE OF PARTICIPANT (If eighteen (18) years of age or older)

SIGNATURE OF PARENT/GUARDIAN (If under 18 years of age)

Carol Torok Volleyball Camps LLC
1501 W Bradley Ave
Peoria, IL 61625
Email: VolleyballCamps@fsmail.bradley.edu | Phone: 309.677.4129
www.CarolTorokVolleyballCamps.com