

**Razorback softball Weekly clinics**

Weekly Hitting/defense/agility clinics. Athletes will work in a small group setting on both offensive and defensive skills.

Cost-- \$25 an hour per athlete-can register for more than one session a night

**Monday night slots: Dates—**

February-3, 10, 17, 24 March-9, 16, 23, 30

April-6, 13, 27

Time slots: 6-7 pm Hitting/7-8 pm Defense/8-9 pm Hitting

**Tuesday/Thursday Night Slots: Dates**

February-11, 18, 25

April 7, 14, 21,28

**Wednesday night slots Dates**

February-5, 12, 19, 26

March-11, 18 ,

April-14, 15, 22, 29

Time slots: 6-7 pm Hitting/7-8 pm

Defense/Agilities/8-9 pm Hitting/Defense

If interested—please email Coach Smith [smitha1550@gmail.com](mailto:smitha1550@gmail.com) the completed form and circle/email which dates you are interested in.

Name

Street Address

City, State, Zip

Phone # to be contacted at (home, work, cell)

Email

Age Year of HS Graduation

**Camps and clinics are open to any and all entrants (limited only by number, age, grade level and/or gender).**

These activities are not sponsored by, nor do any fees paid accrue to the benefit of The University of Arkansas or the Regents of the University System of Arkansas, none of which assume any responsibility for injury or damages to person or property arising out of any occurrence during this activity

**Sports Camp/Clinic Waiver**

**RELEASE, INDEMNIFICATION, AND HOLD HARMLESS AGREEMENT**

In consideration for the Camper being permitted to participate in the Razorback Softball Camp any day during between January 2020 and May 2020 (“Activity”), the undersigned, acting on behalf of ourselves and our child, and any heirs or assigns, hereby waive and release forever any and all rights for claims and damages we and/or our child/guardian may have against the Board of Trustees of the University of Arkansas, its current and former Trustees, officers, agents, employees, and the Camp, and the Camp’s owners, officers, agents and employees, from and against any and all liability for any harm, injury, damage, claims, demands, actions, costs, and expenses of any nature which we or our child may have or which may hereafter accrue to our child, arising out of or related to any loss, damage, or personal injury (including, without limitation, death), that may be sustained by our child at any Activity, or to any property belonging to child, whether caused by negligence or carelessness on the part of the Board of Trustees of the University of Arkansas, its current and former Trustees, officers, agents, employees, or the Camp, and the Camp’s owners, officers, agents and employees or otherwise, while our child is in, on, upon, or in transit to or from the premises where the Activity, or any adjunct to the Activity, occurs or is being conducted.

We accept, understand, and assume that there is a risk of injury in this Activity, due to the physical and athletic nature of the Activity, including, but not limited to, falls, contact with other participants, and running drills. The Camper agrees to follow all instructions and to wear all necessary, recommended, and appropriate protective gear and equipment.

We understand that this Activity is neither administered nor sponsored by the Board of Trustees of

the University of Arkansas and that the Camp is providing the instruction and camp Activities outside the scope of any affiliation with the University of Arkansas. We agree on behalf of ourselves, our Camper, and any heirs or assigns to release, hold harmless, and indemnify the Board of Trustees of the University of Arkansas, its current and former Trustees, officers, agents, employees, or the Camp, and the Camp’s owners, officers, agents and employees from and against any and all claims and liability or damages of any kind or nature whatsoever arising out of or relating to the Activity.

Printed Name of the Camper:

Signature of Camper:

If the Camper is a minor under the age of eighteen (18), signature of Parent or Guardian or Individual Acting as Guardian is required:

Signature of Parent or Guardian or Individual Acting as Guardian

Address & Telephone Number: