

SWOSU SOFTBALL HITTING CLINIC

Hosted by the SWOSU Softball Team
Sunday, August 9th, 2009



The Southwestern Oklahoma State University Softball team will be hosting a hitting clinic for **all ages**. The clinic is from **2-4 PM**. The session will be held at the SWOSU softball field on Caddo St.

* This clinic will include all aspects of the offensive game including: hitting, bunting, slapping, switch hitting ect.

Registration will begin at 1:30 on Sunday and the fee is \$30
To reserve your spot call (580) 774-3226 or (405) 202-0720
Please make Checks Payable to SWOSU Softball

Registration Form

Name: _____ Address: _____ City: _____

State: _____ Zip: _____ Hm. Phone: _____ E-mail _____

High School: _____ Grad. Year: _____

As the parent or legal guardian of _____, I hereby consent to the above named person participating in the SWOSU Softball Clinic. I represent that I understand the nature of the Clinic and the activities involved and certify that the above named participant is qualified, in good health, and in proper physical condition to participate in this Clinic. I fully understand that the Clinic involves risks of serious bodily injury which may be caused by my or my participants own actions or inactions, by the actions of others participating in the event, or by conditions in which the Clinic takes place. I fully accept and assume all such risks and all responsibility for losses, cost, and/or damages I and/ or my participant may incur as a result of the participation of the above named Clinic. I acknowledge that if at any time I and/or my participant feel that the Clinic Conditions are unsafe, the above named participant will discontinue participation immediately.

I release, indemnify and hold harmless any and all camp staff, SWOSU, their administrators, directors, agents, officers, volunteers, employees, and other Clinic participants, from all liability, any losses, claims, demands, costs, or damages that I and/or my participant may incur as a result of participation in the Clinic. I further agree that if despite the Release, I or anyone on my behalf, makes a claim against any of the Releasees, I will indemnify, save, and hold harmless each of the releasees from any litigation expenses, attorney fees, loss, liability, damage or cost which may incur as a result of such a claim.

I have read this Release, fully understand it and represent that I have signed it voluntarily.

Parent/ Legal Guardian: _____

Date: _____ Emergency Phone: _____