

Indiana Wesleyan University Softball Summer Snapshots

(Open to students going in to grades 9 through 12.)

The **#10 in the nation IWU Wildcats** invite you to join us for the 2017 Snapshots on the campus of Indiana Wesleyan University. The snapshot camps give you a glimpse into the coaching styles and strategies of one of the best softball programs in the Midwest. You will learn amazing principles and drills that will take your game to the next level!

IWU has won 240 games in the last 6 years under Head Coach Steve Babinski & advanced to the NAIA National tournament 4 times since 2012, including last year's World Series appearance! See why the Indiana Wesleyan University Wildcats are one of the best programs in the Midwest and why IWU is named one of the best small universities in the Midwest!

The Summer Snapshot will take place rain or shine, even if there is a need to move indoors. IWU is blessed with amazing outdoor and indoor facilities. Come and check us out. You won't regret it! See you at the field! Questions or comments? **Email the IWU Coaching Staff at indwes.softball@gmail.com**

In addition to your softball equipment, please remember to bring shoes in case we head inside. Also bring a water bottle. Water will be provided (cups not available).

Snapshots Dates (6:00pm 8:00pm)

Tuesday, August 15: Hitting

Take your hitting from GOOD to GREAT!

Wednesday, August 16: Infield

Infield, Infield, Infield. Drills & Skills.

Thursday, August 17: Outfield

Outfield, Outfield, Outfield. Drills & Skills.

REGISTER ONLINE

Online registrations preferred. \$4.00 processing fee.

WWW.INDWESSOFTBALL.COM

Snapshot Registration Fee: \$50.00/Snapshot



Release of Liability Form

(Bring with you to Snapshot check-in. Click above to download.)

REGISTRATION FORM

Online registrations are preferred using the link above. However, if there is a need to register via mail or onsite the evening of one of the events, please print this form and provide via mail or onsite at check-in. Print and bring Release of Liability as well.

First Name: _____ Last Name: _____ HS Grad. Year: _____

Position(s): _____ Primary Position: _____ Summer Team: _____

Select the Snapshot for which you are registering to attend.: August 15 _____ August 16 _____ August 17 _____

ACADEMIC INFORMATION

High School: _____ HS City: _____ HS State: _____

Current Cumulative GPA: _____ ACT Composite (If Taken): _____ SAT Math (If Taken): _____ SAT Reading: _____

QUESTIONS OR COMMENTS? Contact the IWU Softball Coaching Staff at indwes.softball@gmail.com

INDIANA WESLEYAN UNIVERSITY

RELEASE OF LEGAL CLAIMS AND ASSUMPTION OF RISK FOR INTERNATIONAL TRAVEL TO: _____

**** Please read and understand before signing. ****

What I'm Giving Up. If I suffer any injury or damages from voluntarily participating in this international trip, I release, or give up, any legal claim that I might have against the following for their negligent conduct:

- Indiana Wesleyan University ("IWU" or "University")
- IWU officers and employees
- The Board of Trustees of IWU
- Agents and volunteers of IWU

This release is binding on my legal representatives or anyone who tries to claim through me.

What I'm Agreeing to Pay. If anyone listed above is sued or has to pay anyone else because of my conduct, I will reimburse them for their legal costs, fees, and payments.

International Risks. Traveling outside the United States involves risks not found in the IWU community. These risks may include, but are not limited to the following:

- Different standards for transportation, roads, and other infrastructure
- Different political, legal, social, and economic conditions
- Limited to non-existent police, fire, and ambulance services
- Pollution
- Natural disasters
- Dangerous animals, insects, and plants
- Limited medical facilities and medical personnel
- Unsafe drinking water
- Different standards of design, safety, and maintenance of buildings
- Food preparation, storage, and handling standards
- Crime, including being targeted due to perceived wealth
- Different hygiene and sanitation standards
- Terrorism and wars
- Travel to/from locations
- Limited to non-existent electronic communications
- Animal and insect-borne diseases

I am aware of these risks, as well as those listed for my destination(s) on the State Department (<http://travel.state.gov>) and Center for Disease Control (<http://wwwnc.cdc.gov/travel/>) websites and I fully accept them.

Independent Activity. I understand that IWU is not responsible for any loss or damage I may experience traveling independently. I also understand that independent travel is entirely at my own expense and risk.

Standards of Conduct. I agree to obey all local laws, University standards of conduct, and the policies of my host, if any, and agree that IWU has the right to enforce its conduct standards.

My Health; Permission to get Medical Help. I am not aware of any health condition of mine that could get worse if I participate in this international trip. I understand that I am responsible for getting the recommended immunizations before traveling. If I am not able to give consent to medical treatment, I authorize IWU's staff, if any, to get emergency medical treatment for me, knowing I am responsible for paying all costs of medical care.

University's Right to Cancel Trip. Although the University would typically only cancel an approved trip if an extraordinary risk was present, or a government office prohibited travel to the location, I fully understand that the University has the right to cancel any trip at any time for any reason.

My Understanding of This Release. I have read this release, I understand it, and I sign it freely.

If the participant is not 18 years old –

Name (please print)

Name of Parent of Legal Guardian (please print)

Signature

Signature of Parent or Legal Guardian

Address

Date

City, State, and Zip Code

Date

INDIANA WESLEYAN UNIVERSITY

PERSONAL MEDIA RELEASE

I authorize Indiana Wesleyan University and those acting pursuant to its authority to:

- A) Use my testimonial, story, and/or biographical information.
- B) Record my image, appearance, and/or participation on video tape, audio tape, film, electronic, or any other medium now known or later developed, and to use my name, likeness, voice, testimonial, story, and/or biographical information in connection with these recordings.
- C) Display, copy, distribute, and make derivatives of, or from, such testimonial/story/biographical information and/or recordings, in perpetuity, in whole or in part, without restrictions or limitations, for any educational or promotional purposes which Indiana Wesleyan University and those acting pursuant to its authority deem appropriate. This includes, but is not limited to, official University publications and publicity materials such as *Triangle* magazine, the Annual Report, postcards and mailers, print pieces, advertisements (including billboard, magazine, radio, and television), email communications, the University websites, and the IWU online photo and media library.

Any recordings used may be reasonably retouched or altered. If recordings are deemed to represent an imaginary person, I agree that Indiana Wesleyan University or any person authorized by or acting on their behalf may add accompanying wording, and that no such wording shall be considered to be attributed to me personally unless my name is used.

I hereby release and discharge Indiana Wesleyan University and their agents, representatives, and assignees from any and all claims, actions, damages, and demands arising out of or in connection with the use of the testimonial/story/biographical information and/or recordings, including without limitation any and all claims for invasion of privacy, right of publicity, and defamation. I further waive any claims to any property rights, including, but not limited to, any copyrights, common law copyrights, or intellectual property rights, with respect to the testimonial/story/biographical information and/or recordings or other works associated therewith, and grant permission for them to be copyrighted by Indiana Wesleyan University.

I have read this form carefully and fully understand its meanings and implications. This Release shall be binding upon me and upon my heirs, legal representatives, and assigns. No modification of this Agreement shall be of any effect unless it is made in writing and signed by all of the parties to the Agreement.

If this Release is limited to a particular project or is subject to other limitations, those conditions are stated here:

Name: _____

Address: _____

City/State/ZIP: _____

Phone #: _____ Email: _____

Signature: _____ Date: _____

If the subject is under 18 years of age, a parent or legal guardian must also sign below.

Parent/Guardian signature: _____ Date: _____