

# 2019 University of South Dakota TRACK MINI CAMP 1



## Jumping, Vaulting, Hurdles, Throws & Sprints

Jan. 30 2019 | 6 – 9 p.m. | DakotaDome | Grades: 6-12

Learn the skills it takes to be a competitive track and field athlete at our indoor track camp. We will be focusing on all the track and field events including throwing, vaulting, sprints, jumps and hurdles. Pole vault will be capped at 10 people, so please contact me at the email below to be 1 of the 10.

With years of experience in all these disciplines, we will teach the fundamentals to become better at their skill. Parents and coaches are welcome to come watch the whole day, as we teach drills, do functional training and coach athletes as they do full techniques. The University of South Dakota is happy to have you on campus and as a track and field staff we are excited to work with you.

*Preregistration preferred, walk ups allowed.*

*Please bring your own implements, poles, and training gear.*

### SCHEDULE:

6-6:30 ..... Registration  
6:30-9 ..... Camp

### TO REGISTER:

Send forms to  
**University of South Dakota**  
**USD Track Camp**  
**414 E Clark St, Vermillion, SD 57069**

Or fill out online at  
**[trackandfield.goyotescamps.com](http://trackandfield.goyotescamps.com)**

### CONTACT:

**A.G. Kruger III**  
USD Track and Field Camp Director  
Ag.krugeriii@usd.edu  
419-606-0919

### REGISTRATION FORM

TRACK MINI CAMP 1 (\$40)

Cost Paid in Full *make checks payable to USD Track & Field*

Child's Name: \_\_\_\_\_ Age: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ Email: \_\_\_\_\_

Track & Field Event:  Throws  High Jump  Long Jump  Triple Jump  Hurdles  Sprints  Pole Vault

I hereby certify that the South Dakota Track & Field Clinic Staff has full and unconditional authority to proceed with diagnosis and treatment as judgment indicates for injuries during camp. The South Dakota Track & Field Clinic and the University of South Dakota shall not be held responsible for any consequence resulting from such injuries.  
I declare that I am the parent/guardian (circle one) of the above named minor.

#### RELEASE AND WAIVER OF LIABILITY, ASSUMPTION OF THE RISK AND INDEMNITY AGREEMENT AND CONSENT TO MEDICAL TREATMENT

By my signature below, I acknowledge that I am aware of, appreciate the character of, and voluntarily assume the risks involved in participating in \_\_\_\_\_

By my signature below, on behalf of myself, my heirs, next of kin, successors in interest, assigns, personal representatives, and agents, I hereby:

1. Waive any claim or cause of action against and release from liability the State of South Dakota, its officers, employees, and agents for any liability for injuries to my person or property resulting from my participation in the activity listed above;
2. Agree to indemnify and hold harmless the State of South Dakota, its officers, employees, and agents for any claims, causes of action, or liability to any other person arising from my participation in the activity listed above; and
3. Consent to receive any medical treatment deemed advisable during my participation in the activity listed above.
4. We agree that the university may take photos and video of campers participating in activities for promotional purposes.

I HAVE READ THIS RELEASE AND WAIVER OF LIABILITY, ASSUMPTION OF THE RISK AND INDEMNITY AGREEMENT AND CONSENT TO MEDICAL TREATMENT, FULLY UNDERSTAND ITS TERMS, UNDERSTAND THAT I HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT, AND HAVE SIGNED IT FREELY AND VOLUNTARILY WITHOUT MAY INDUCEMENT, ASSURANCE, OR GUARANTEE BEING MADE TO ME AND INTEND MY SIGNATURE TO BE A COMPLETE AND UNCONDITIONAL RELEASE OF ALL LIABILITY TO THE GREATEST EXTENT ALLOWED BY LAW.

Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_