

# 2019 University of South Dakota Pole Vault Camp



## Beginner & Advanced Camp

July 22 & 23, 2019 | Lillibridge Track Complex | Grades: 6-12

### SCHEDULE:

#### July 22 & 23

9 - 9:30 a.m.	Check-in at Track Facility
9:30 a.m. - 12:30 p.m.	Pole Vault Session
12:30 - 1:30 p.m.	Lunch Provided
1:30 - 5:30 p.m.	Pole Vault Session
5:30 p.m.	Camp Ends

### 14 Vaulters for Each Day (7 Men, 7 Women)

#### July 22 - Beginners Camp

Women vaulters who are beginners to 9'  
Men vaulters who are beginners to 12'

#### July 23 - Advanced Camp

Women vaulters over 9'  
Men vaulters over 12'

**Please email camp director, A.G. Kruger III,  
to secure spot in camp at [Ag.krugeriii@usd.edu](mailto:Ag.krugeriii@usd.edu)**

### TO REGISTER:

Send forms to

**University of South Dakota**

**Outdoor 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](mailto:Ag.krugeriii@usd.edu)

419-606-0919

*Once slots are filled, camp will be full.*

*Please bring a water bottle, sunscreen, & training gear.*

### REGISTRATION FORM

Beginners July 22 (\$100)  Advanced July 23 (\$100)

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

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

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:

- 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;
- 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
- Consent to receive any medical treatment deemed advisable during my participation in the activity listed above.
- 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: \_\_\_\_\_

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

USD sports camps and clinics are open to any and all entrants (limited only by number, age, grade level and/or gender). If you are a person with a disability and need special accommodation to fully participate in any university activity or event contact Disability Services at 605-677-6389 as soon as possible, but not later than 48 hours before the event so that appropriate arrangements may be made.