



Mon. July 20th – Fri. July 24th 2015

HOFSTRA "PRIDE TOUGH" Camp at:

HOFSTRA Wrestling Room

Time 10am – 3pm

This is a commuter camp for those athletes who are looking to improve their wrestling skills, knowledge, and training. This camp is open to any and all entrants. I am a former Nassau county and Hofstra wrestler looking to give back to the community and sport that I feel has dramatically improved my life. That is why the fee for the camp is *only \$155 for five days and five hours PER DAY of top notch wrestling instruction and training*. I am KEEPING the HOFSTRA PRIDE TOUGH Brand in Long Island. You may sign up at any time during the camp but we only have space for the first 55 wrestlers.

This Camp sponsored and brought to you by:

DP WRESTLING



BATTLE TOUGH

Camp Organizer

Dennis Papadatos- Head Wrestling Coach at Hofstra

- 4 Year Starter at Hofstra University
- Conference Champion for Hofstra
- Won over 100 College Matches
- 3X Academic All-American
- Former Associate Head Coach at Binghamton University

Tentative Camp Guest Clinicians:

Dan Vallimont-Assistant Coach at Hofstra

- NCAA Finalist
- 2X All-American/2X Round of 12 at NCAA Tournament
- 4 Year Starter for Penn State University
- 2X NJ State Champion
- Ranked in top 10 on world team ladder

Jake Patacsil – Assistant Coach at Hofstra

- NCAA All-American
- 3X NCAA Qualifier for Purdue University
- 5 Time Midlands Finalist
- Midlands Champion
- Florida State Champion

Hofstra University Wrestling Team Members (Varied)

- LI/NY/NJ/PA/FL State Champs and Place Winners
- Division 1 NCAA Qualifiers
- Academic All-Americans
- Top 20 Nationally Ranked
- EIWA Place Winners

REGISTRATION FORM: Camp brought to you by DP Wrestling LLC.

You must bring your own lunch (Water, Gatorade and some food will be sold)

T-shirt size: **S M L XL XXL**

Campers name: _____ High School: _____

Home Address: _____

Telephone #: () _____ Parents Cell Phone #: () _____

Emergency Contact Name & Phone #: () _____

Allergies or Health concerns: _____

Parent Signature: _____

Questions call: Dennis Papadatos @ 516-241-7141

Make checks payable to: DP Wrestling LLC

Mail Check/Registration/Waiver to: Hofstra Wrestling 243 Physical Education Building, 230 Hofstra University, Hempstead, NY 11549

Pay By Credit Card Use Pay Pal: Use link on www.dpwrestling.net and Registration and Waiver must still be mailed to above address. CC orders also taken by phone at 516-241-7141 or Name _____ CC# _____ Exp _____ CSC _____ Zip _____
A receipt will be emailed to you following any transaction. Email _____

No Refunds

DIRECTIONS TO Hofstra Wrestling Room

Hofstra Wrestling 243 Physical Education Building, 230 Hofstra University, Hempstead, NY 11549. It is on the second floor of building. Right at the top of the steps.



SPORT PARTICIPANT RELEASE OF LIABILITY, WAIVER OF CLAIMS, EXPRESS ASSUMPTION OF RISK AND INDEMNITY AGREEMENT.

Please read and be certain you understand the implications of signing.

Express Assumption of Risk Associated with Sport, Venue Use and Related Activities.

I, _____ do hereby affirm and acknowledge that I have been fully informed of the inherent hazards and risks associated with DP Wrestling LLC. transportation of equipment related to the activities, and travelling to and from activity sites in which I am about to engage. Inherent hazards and risks include but are not limited to:

1. Risk of injury from the activity and equipment utilized is significant including the potential for broken bones, severe injuries to the head, neck, and back or other bodily injuries that may result in permanent disability and death.
2. Possible equipment failure and/or malfunction or misuse of my own or others' equipment.
3. I AGREE THAT I WILL WEAR APPROVED PROTECTIVE GEAR AS DECREED BY THE GOVERNING BODY OF THE SPORT I AM PARTICIPATING IN. However, protective gear cannot guarantee the participant's safety. I further agree that no helmet can protect the wearer against all potential head injuries or prevent injury to the wearer's face, neck or spinal cord.
4. Variation and/or steepness of terrain, variation or changes in surfaces including but not limited to snow surfaces, ice, bare spots, rocks, stumps, debris, cliffs, trees, fences, posts, trees, light poles, signs, buildings, roads, walkways, ramps, rails, stairs, pyramids, manual pads, bowls, half-pipes, jumps, padded and non-padded barriers, other persons, and other natural and man-made hazards.
5. My own negligence and/or the negligence of others, including but not limited to operator error and guide decision making including misjudging terrain, weather, riding surfaces or other obstacles.
6. Exposure to the elements and temperature extremes may result in frost nip, frost bite, heat exhaustion, heat stroke, sunburn, hypothermia and dehydration.
7. Dangers associated with exposure to natural elements include but are not limited to avalanche, rock fall, inclement weather, thunder and lightning, severe and or varied wind, temperature and other weather conditions.
8. Accidents or illness occurring in remote places where there are no available medical facilities.
9. Fatigue, exhaustion, chill, and/or dizziness, which may diminish my/our reaction time and increase the risk of accident.
10. Impact or collision with other athletes, spectators, facility employees, pedestrians, motor vehicles, and cyclists.

*I understand the description of these risks is not complete and unknown or unanticipated risks may result in injury, illness, or death.
Release of Liability, Waiver of Claims and Indemnity Agreement

In consideration for being permitted to participate in the above described activity(ies) and related activities, I hereby agree, acknowledge and appreciate that:

1. I HEREBY RELEASE AND HOLD HARMLESS WITH RESPECT TO ANY AND ALL INJURY, DISABILITY, DEATH, or loss or damage to person or property, WHETHER CAUSED BY NEGLIGENCE OR OTHERWISE, the following named persons or entities, herein referred to as releasees.

DP Wrestling LLC.

Owner (Company and/or Person)

2. To release the releasees, their officers, directors, employees, representatives, agents, and volunteers from liability and responsibility whatsoever and for any claims or causes of action that I, my estate, heirs, survivors, executors, or assigns may have for personal injury, property damage, or wrongful death arising from the above activities whether caused by active or passive negligence of the releasees or otherwise. By executing this document, I agree to hold the releasees harmless and indemnify them in conjunction with any injury, disability, death, or loss or damage to person or property that may occur as a result of my engaging in the above activities.
3. By entering into this Agreement, I am not relying on any oral or written representation or statements made by the releasees, other than what is set forth in this Agreement.
4. This agreement shall apply to any and all injury, disability, death, or loss or damage to person or property occurring at any time after the execution of this agreement. This release shall be binding to the fullest extent permitted by law. If any provision of this release is found to be unenforceable, the remaining terms shall be enforceable.

I HAVE READ THIS RELEASE OF LIABILITY AND ASSUMPTION OF RISK AGREEMENT, I FULLY UNDERSTAND ITS TERMS, I UNDERSTAND THAT I HAVE GIVEN UP LEGAL RIGHTS BY SIGNING IT, AND I SIGN IT FREELY AND VOLUNTARILY WITHOUT ANY INDUCEMENT.

S/ _____

Signature of Adult Participant Name of Adult Participant (Please Print)

Date _____

FOR PARTICIPANTS OF MINORITY AGE: This is to certify that I, as Parent, Guardian, Temporary Guardian with legal responsibility for this participant, do consent and agree not only to his/her release of all Releasees, but also to release and indemnify the

Releasees from any and all liabilities incident to his/her involvement in these programs for myself, my heirs, assigns, and next of kin.

S/ _____

Signature of Parent or adult legal Guardian if Name of Parent or adult legal Guardian (Please Print)

Participant is a Minor, and by their signature, they on my behalf release all claims that both they and I have

Name of Minor (Please Print)

Date _____