

Saint Louis University

Billiken Ball Kids

DOES YOUR GROUP OR TEAM WANT TO BE BILLIKEN BALL KIDS?

- Enjoy a unique experience and be part of the game.
- Coaches, players and one parent/guardian get a FREE ticket.
- Additional tickets can be purchased for \$4 in advance.
- Dates fill fast, contact Katy Johnson, Billiken Promotions Manager (314)977-3188 or katyjohnson@slu.edu



2013 Soccer Home Dates

MEN'S SOCCER

Aug. 24	Akron	7:00 p.m.
Aug. 30	Oral Roberts	7:00 p.m.
Sep. 14	Denver	7:00 p.m.
Sep. 28	Central Arkansas	7:30 p.m.
Oct. 1	Creighton	7:00 p.m.
Oct. 11	Fordham	7:00 p.m.
Oct. 13	George Washington	2:00 p.m.
Oct. 19	Dayton	7:00 p.m.
Nov. 2	Saint Joseph's	7:00 p.m.

WOMEN'S SOCCER

Aug. 16	Arkansas State	7:00 p.m.
Aug. 23	Western Michigan	7:00 p.m.
Aug. 25	DePaul	1:00 p.m.
Sep. 1	Ole Miss	7:00 p.m.
Sep. 6	SIUE	7:00 p.m.
Sep. 8	Evansville	1:00 p.m.
Sep. 20	UT Martin	7:00 p.m.
Sep. 22	Iowa State	Noon
Sep. 29	St. Bonaventure	6:00 p.m.
Oct. 11	Duquesne	5:00 p.m.
Oct. 13	UMass	2:30 p.m.
Oct. 26	Rhode Island	7:00 p.m.

Game times are subject to change
check www.SLUBillikens.com for most recent schedules

Sign Your Group/Team Up Today!!!



Saint Louis University Athletics
Liability Release Form
Assumption of Risk

Important: This is a legal document. Please read and understand this document before signing.

Waiver, Release and Indemnification

I agree to indemnify and hold harmless Saint Louis University, their contracted agents, volunteers, and employees from all claims, damages, losses, injuries, and expenses arising out of or resulting from participation in these promotional activities. I further agree to release, acquit, and covenant not to sue Saint Louis University, their contracted agents, volunteers and employees for all actions, causes of action, claims or damages in law, or remedies in equity of whatever kind, including the negligence of Saint Louis University, my family or myself against Saint Louis University arising out of participation in these promotional activities.

In short, I cannot sue Saint Louis University, their contracted agents, volunteers, or employees for any damages, liabilities, costs, and expenses that I now have or may hereafter have by reason of participation in this promotional activity.

I acknowledge that no guarantees have been made with respect to achieving objectives. I authorize and release to Saint Louis University or its designated representative the use of my image or my children's image in any still photograph, video recording, or audio recording resulting from participation in this promotional activity for any purpose at the sole discretion of Saint Louis University.

I have adequate health, disability, and life insurance for myself, family and (my) minor children. I hereby give permission for transportation to any medical facility or hospital and I authorize for any qualified medical personnel to render necessary emergency medical care.

I, _____, of my own free will understand and acknowledge the risks and liabilities for myself, family, and (my) minor children this ___ day of _____ 2013.

I have carefully read this release, fully understand its terms, and intend by my signature to be a complete and unconditional release of liability to the greatest extent allowed by law.

(Print Name)

Date

(Signature)

Date

(Parent/Guardian*)

Date

Street Address

City/ State/ Zip

Email/Phone Number

***If the participant is under the age of (16) sixteen**

SLU Representative _____