

**ACKNOWLEDGMENT OF RISK, RELEASE,
AND MEDICAL AUTHORIZATION**

IN CONSIDERATION of my child being permitted to participate in the Youth Football Camp at Lipscomb Academy, I, the undersigned parent/guardian, in full recognition and appreciation of the dangers and hazards inherent in participating in such activities, the hazards inherent in transportation to and from the destinations, and any and all transportation during the camp and in the circumstances to which my child may be exposed during his/her participation in camp activities, do hereby agree to assume all the risks and responsibilities surrounding and pertaining to my child's participation in camp; and

FURTHER, I do for myself and my child's personal representative(s), heirs and assigns, hereby agree to defend, hold harmless, indemnify, release, and forever discharge Lipscomb University, including Lipscomb Academy, and all its trustees, officers, agents, and employees from and against any and all claims, demands, actions or causes of action, on account of damage to personal property, personal injury, or death which may result from my child's participation in said activity.

FURTHER, in order that my child may receive necessary medical treatment in the event of injury or illness during participation in the trip, I hereby grant permission to the sponsor, and/or his/her designee(s) to administer and/or obtain appropriate treatment in the event of such illness or injury and I hereby agree to defend, hold harmless, indemnify, release, and forever discharge the camp sponsor, Lipscomb University, including Lipscomb Academy, and all its trustees, officers, agents, and employees from and against any and all claims, demands, actions or causes of action, as a result of the exercise of the authority granted herein; and

FURTHER, I understand that my child may be photographed/videotaped for documentary and/or public relations purposes during his or her participation in the Camp.

FURTHER, I understand and acknowledge that Lipscomb University, including Lipscomb Academy, has established rules and regulations pertaining to conduct, behavior and activities of all students by which my child must abide during participation in the trip. My child and I agree that my child will abide by all such applicable rules and regulations at all times during his/her participation in the trip.

IN WITNESS WHEREOF, I have caused this Assumption of Risk, Release, and Medical Authorization to be executed this ____ day of _____, 20__.

Parent/Guardian (Signature)

Student's Name _____ Home Phone _____

Name of Parent/Guardian _____ Business Phone _____

Name of Family Doctor _____ Phone _____

Person to be contacted in case parent/guardian cannot be reached:

Name _____ Phone _____