 **LIPSCOMB**
UNIVERSITY
CAMPUS RECREATION
TRAVEL ITINERARY
(Please Write Clearly)

Club: _____ Date of Submission: _____

Transportation Information:

Type of Vehicle (Please circle all that apply):

Car / Van / Bus / Airplane / Other: _____

Rental Company (if any): _____

Trip Coordinator: _____ Cell #: _____

Travel Information:

Traveling to: _____

Opposing Club Contact: _____ Phone #: _____

Date of Departure: _____ Estimated Time of Departure: _____

Date of Return: _____ Estimated Time of Return: _____

Lodging Information:

Name of Lodge: _____

Address of Place of Lodge: _____

Telephone #: _____ Reservation #: _____

Name(s) on Reservation: _____

Travel Itinerary:

Please describe the activities and location of the competition during this trip:




LIPSCOMB SPORT CLUBS TRAVEL ROSTER

The following members of the _____ Club will
be attending a trip to: _____.

<u>Name:</u>	<u>ID#:</u>	<u>Driver:</u>
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____
4. _____	_____	_____
5. _____	_____	_____
6. _____	_____	_____
7. _____	_____	_____
8. _____	_____	_____
9. _____	_____	_____
10. _____	_____	_____
11. _____	_____	_____
12. _____	_____	_____
13. _____	_____	_____
14. _____	_____	_____
15. _____	_____	_____

***PRIOR TO EACH TRIP AN UPDATED COPY MUST BE SUBMITTED TO THE
DIRECTOR OF CAMPUS RECREATION OR THE DIRECTOR OF INTRAMURALS**

 **LIPSCOMB**
UNIVERSITY
CAMPUS RECREATION
LIPSCOMB UNIVERSITY
RELEASE AND WAIVER OF LIABILITY

Sport Club:

President:

Phone #: _____ **Email Address:** _____

Today's Date: _____

Is your team covered under a group/institutional liability insurance policy? ____ yes ____ no

Insurance Company _____ Amount of Coverage _____

The undersigned hereby agrees that in consideration of LIPSCOMB University allowing the undersigned to use University facilities and/or to participate in this sport club activity, he/she does for himself/herself and his/her heirs, executors, administrators and assigns hereby release, waive, and forever discharge LU, its Board of Trustees and its officers, agents, and employees, and the Sports Club Program and employees from any and all liability, claims, demands, actions, or causes of actions arising out of or related to any injury or illness, including death, that may be sustained by the undersigned, or to any loss or damage to property belonging to the undersigned, whether caused by the negligence of Releases, or otherwise, while using University facilities and/or participating in this program.

The undersigned further hereby agrees to indemnify and hold harmless the Releases from any personal injury or illness, loss or damage to property, or costs, including court costs and attorneys' fees, that he/she may incur while using LU facilities and/or participating in the LU Sport Club activities.

The undersigned verifies that to the best of his/her knowledge he/she has no physical condition which would interfere with his/her ability to participate in this program or would endanger himself/herself or other participants.

The undersigned hereby certifies that he/she is covered under personal accident/medical insurance, and the undersigned hereby acknowledges that he/she is solely responsible for any medical or other costs arising out of any bodily injury, illness, or property damage sustained by him/her as a result of or arising out of his/her use of University facilities and/or participation in LU Sport Club activities.

