

Release and Medical Information

I, the undersigned parent/guardian, do hereby agree to assume all the risk and responsibilities surrounding and pertaining to my child's participation in the Camp. I agree to defend, hold harmless, indemnify, and release and forever discharge Lipscomb University, and all its officers, agents and employees from and against any and all claims, demands and 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 Camp which results from causes beyond the control of and without the fault or negligence of, Lipscomb University, its officers, agents or employees, during the period of my child's participation in the Camp. FURTHER, I hereby grant permission to the camp director and/or other school officials the right to seek and/or administer appropriate medical aid to my child in the event of an emergency.

Player name: _____

Parent or Guardian's Signature: _____

Date: _____