

**ASSUMPTION OF RISK  
AND  
RELEASE**

IN CONSIDERATION of my child being permitted to spend the night in a dormitory at Lipscomb University on May 28 to June 3, 2017, I, the undersigned parent/guardian, in full recognition and appreciation of the dangers and hazards inherent in participating in such activity and in the circumstances to which my child may be exposed during participation in the activity, do hereby agree to assume all the risks and responsibilities surrounding and pertaining to my child's participation in the activity; 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, 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 activity 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 said activity as aforesaid.

FURTHER, I hereby grant permission to University officials the right to seek and/or administer appropriate medical aid to my child in the event of an emergency.

IN WITNESS WHEREOF, I have caused this Assumption of Risk and Release to be executed this \_\_\_\_\_ day of May, 2017.

\_\_\_\_\_  
Parent/Guardian (Signature)

Child'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 \_\_\_\_\_

Name of Group or Camp: American Legion Auxiliary Volunteer Girls State