



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

IN CONSIDERATION of my child being permitted to participate in Lipscomb Academy Summer Experience Camp at or with Lipscomb University, doing business as Lipscomb Academy, from January 1, 2026, through December 25, 2026, I, the undersigned parent/guardian, acknowledging that my child is participating voluntarily in the activity and in full recognition and appreciation of the dangers and hazards inherent in participating in such activity, the hazards inherent in transportation to and from any destination related to such activity, and in the circumstances to which my child may be exposed during his/her participation in the activity, do hereby agree to assume full responsibility for any risk of loss, damage, illness or injury, including death, which may result from my child's participation in the activity or any independent activities undertaken as a part thereof; and

FURTHER, I do for myself and my child's personal representative(s), heirs and assigns, hereby agree to defend, hold harmless, indemnify, release, forever discharge and covenant not to sue the activity sponsor(s), Lipscomb University, including Lipscomb Academy, and all its trustees, officers, agents and employees from and against any and all losses, damages, claims, demands and actions, including reasonable attorneys' fees, arising out of or related to any loss, damage, illness or injury, including death, which may result from my child's participation in such activities, and while traveling to or from the destination of any such activities, whether caused by the negligence of the activity sponsor(s), Lipscomb University, including Lipscomb Academy, or any of its trustees, officers, agents or employees or otherwise; and

FURTHER, in order that my child may receive necessary medical treatment in the event of injury or illness during participation in such activity, I hereby authorize the activity sponsor(s), school officials and their designee(s) to administer and/or obtain appropriate treatment for my child in the event of such illness or injury and I hereby agree to defend, hold harmless, indemnify, release, forever discharge and covenant not to sue the activity sponsor(s), Lipscomb University, including Lipscomb Academy, and all its trustees, officers, agents and employees from and against any and all losses, damages, claims, demands and actions, including reasonable attorneys' fees, as a result of the exercise of the authority granted herein; and

FURTHER, I understand and acknowledge that Lipscomb University, including Lipscomb Academy, often has occasion to photograph and/or video group or individual students and guests for various reasons, including promotions, news articles and other forms of communications, and hereby agree that Lipscomb University, including Lipscomb Academy, has my permission to photograph and/or video my child at such activity for such purposes; and

FURTHER, I understand and acknowledge that Lipscomb University, including Lipscomb Academy, has established rules and regulations pertaining to conduct, behavior and activities of students by which my child must abide during participation in such activity, and I agree that my child shall abide by all such applicable rules and regulations at all times during my child's participation in the activity.

ELECTRONIC SIGNATURE

By inserting my name, email address and phone number below, I hereby acknowledge and agree that I am signing this form electronically, that I have fully read and understood this form and agree to its terms and conditions, and that I am at least eighteen (18) years of age, fully competent and execute the same as my own free will. Name of Parent/Guardian: Date:

Parent/Guardian Email Address: Phone: Student's Name: Phone: Name of Family Doctor:

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

Name: Phone: