

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

IN CONSIDERATION of being permitted to participate in intercollegiate athletics at Lipscomb University, I, the undersigned, acknowledging that I am participating voluntarily in the activity, and in full recognition and appreciation of the dangers and hazards inherent in participating in such activity and in the circumstances to which I may be exposed during my participation in the activity, do hereby agree to assume all the risks and responsibilities surrounding and pertaining to my participation in the activity. I acknowledge and understand that due to the nature of this activity, which includes strenuous physical activity, there is the possibility of sustaining physical illness, injury or death due to my participation; and

FURTHER, I do for myself, my personal representative(s), heirs and assigns, hereby agree to defend, hold harmless, indemnify, release and forever discharge David 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 participation in the activity, or while traveling to or from the activity which result from causes beyond the control of, and without the fault or negligence of, David Lipscomb University, its officers, agents or employees, during the period of my participation in the activity; and

FURTHER, in order that I may receive necessary medical treatment in the event of injury or illness during participation in the activity, I hereby authorize the coach and/or his/her designee to administer and/or obtain medical treatment in the event of such illness or injury and I hereby agree to defend, hold harmless, indemnify, release and forever discharge David Lipscomb University, and all its officers, agents and employees from and against any and all claims, demands and actions, or causes of action, as a result of the exercise of the authority granted herein; and

I have read and understood the above Acknowledgment of Risk, Release and Medical Authorization and execute the same as my own free will.

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Witness Signature

\_\_\_\_\_  
Date