

ASSUMPTION OF RISK  
AND RELEASE

IN CONSIDERATION of my child being permitted to participate in the Basketball Team Camp at Lubbock Christian University, 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 Lubbock Christian 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, Lubbock Christian University, its officers, agents or employees, during the period of my child's participation in the activity.

FURTHER, I hereby grant permission to the director and/or his designee to seek and/or administer appropriate medical aid to my child in the event of an emergency. I give my permission to the medical personnel selected by the camp director to order X-rays, routine tests, or treatment; to release any records necessary for insurance purposes; and to provide or arrange necessary related transportation for my child.

I affirm that any medical information regarding to my child is described below. I understand that it is my sole responsibility to notify Lubbock Christian University, camp directors and personnel, of any and all medical needs my child may have.

If my child will be residing in campus housing, I understand my child will be required to adhere to all rules and policies regarding campus housing. I further understand that should my child cause damage to university property, it will be my financial obligation to remedy such damage. I affirm that my child and I will adhere to rules related to leaving campus while staying in campus housing.

IN WITNESS WHEREOF, I have caused this Assumption of Risk and Release to be executed this \_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

\_\_\_\_\_  
Parent/Guardian Signature

Name of Parent/Guardian (printed)\_\_\_\_\_

Name of Child (printed)\_\_\_\_\_

Address \_\_\_\_\_

Home Phone \_\_\_\_\_ Where Staying in Lubbock \_\_\_\_\_

Pager or Cellular Phone # \_\_\_\_\_

Are there medical conditions, allergies or other information the Director should know about in order to make camp safer and better for your child? Yes\_\_\_ No\_\_\_

If yes, give details: \_\_\_\_\_