

# Activity Participation Agreement

## Activity Information

EMMANUEL BAPTIST CHURCH

Name of sponsoring organization: \_\_\_\_\_

Name of activity coordinator: \_\_\_\_\_

Description of activity: \_\_\_\_\_

Date(s) & location of activity: \_\_\_\_\_

## Participant Information

Name of participant: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Name of emergency contact: #1) \_\_\_\_\_ #2) \_\_\_\_\_

Phone # of contact: #1) \_\_\_\_\_ / \_\_\_\_\_ #2) \_\_\_\_\_ / \_\_\_\_\_  
(Day) (Evening) (Day) (Evening)

Is sponsor authorized to approve medical treatment?  Yes  No

Is participant covered by personal/family medical insurance?  Yes  No

If yes, name of insurer: \_\_\_\_\_ Policy #: \_\_\_\_\_

Any Medical Allergies or Instructions? \_\_\_\_\_

Participant can be picked up by above Emergency Contact person or the following persons: \_\_\_\_\_

## Participation Agreement

By signing below, the participant (or parent/guardian if participant is a minor) acknowledges and accepts the risks of physical injury associated with participation in the activity described above. Except for gross negligence on the part of the sponsor, the participant (or parent/guardian if participant is a minor) accepts personal financial responsibility for any bodily or personal injury sustained during the activity. Further, the participant (or parent/guardian if participant is a minor) promises to hold harmless the sponsoring organization and its representatives for any injury related to the activity.

If a dispute over the agreement or any claim for damages arises, the participant (or parent/guardian if participant is a minor) agrees to resolve the matter through a mutually acceptable arbitration process.

Please Print Name: \_\_\_\_\_

(Participant or parent/guardian if participant is a minor)

Signed \_\_\_\_\_ Date \_\_\_\_\_

(Participant or parent/guardian if participant is a minor)