

**ACTIVITY PARTICIPATION AGREEMENT**

EVENT \_\_\_\_\_ EVENT DATE(S) \_\_\_\_\_

NAME \_\_\_\_\_ BIRTH DATE \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ ZIP CODE \_\_\_\_\_

HOME CHURCH \_\_\_\_\_

PARENT / GUARDIAN SIGNATURE:

\_\_\_\_\_  
PARENT / GUARDIAN NAME (PRINT):

PHONE #'S: HOME \_\_\_\_\_ CELL \_\_\_\_\_

I acknowledge that participation in the activity described above involves risk to the Participant (and to Participant's parents or guardians, if Participant is a minor), and may result in various types of injury including, but not limited to, the following: sickness, bodily injury, death, emotional injury, personal injury, property and financial damage.

In consideration for the opportunity to participate in the activity described above (the "Activity"), the Participant (or parent / guardian if Participant is a minor) acknowledges and accepts the risks of injury associated with participation in and transportation to and from the Activity. The Participant (or parent/guardian) accepts personal financial responsibility for any injury or other loss sustained during the Activity or during transportation to and from the activity, as well as for any medical treatment rendered to the Participant that is authorized by the Sponsor or its agents, employees, volunteers, or any other representatives (collectively referred to hereinafter as the "Activity Sponsor"). Further, the Participant (or parent/guardian) releases and promises to indemnify, defend, and hold harmless the Activity Sponsor for any injury arising directly or indirectly out of the described Activity or transportation to and from the Activity, whether such injury arises out of the negligence of the Activity Sponsor, the Participant, or otherwise.

If a dispute over this agreement or any claim for damages arises, the Participant (or parent/guardian) agrees to resolve the matter through a mutually acceptable alternative dispute resolution process. If the Participant (or parent/guardian) and the Activity Sponsor cannot agree upon such a process, the dispute will be submitted to a three-member arbitration panel for resolution pursuant to the rules of the American Arbitration Association.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

PARENT EMAIL \_\_\_\_\_

**MEDICAL INFORMATION**

INSURANCE CO. NAME & ADDRESS:

\_\_\_\_\_  
\_\_\_\_\_

POLICY / ID # \_\_\_\_\_

FAMILY PHYSICIAN \_\_\_\_\_ PHONE \_\_\_\_\_

PRE-EXISTING MEDICAL CONDITIONS, ALLERGIES, DISORDERS, ETC.

\_\_\_\_\_  
\_\_\_\_\_

LIST ANY PRESCRIBED MEDICATION. PRESCRIPTIONS MUST BE IN ORIGINAL CONTAINERS AND TURNED IN AT REGISTRATION.

\_\_\_\_\_  
\_\_\_\_\_

IMMUNIZATIONS ARE CURRENT? YES \_\_\_\_\_ NO \_\_\_\_\_

INITIAL HERE \_\_\_\_\_ IF YOUR CHILD CAN RECEIVE OVER-THE-COUNTER MEDICATIONS (I.E. TYLENOL, ADVIL, ETC.)

I understand that in the event medical intervention is needed, every attempt will be made to contact immediately the persons listed on this form. In the event I cannot be reached in an emergency during the dates shown on this form, I hereby give my permission to the physician or dentist selected by the activity leader to hospitalize, to secure medical treatment and/or order an injection, anesthesia, or surgery for my child as deemed necessary. I understand that my insurance coverage for my child will be used as primary coverage in the event medical intervention is needed. Coverage by Damascus Community Church through its accident policy will be used as a backup for what my family's insurance does not cover. I understand all reasonable safety precautions will be taken at all times by Damascus Community Church and its agents during the events and activities. I understand the possibility of unforeseen hazards and know the inherent possibility of risk. I agree not to hold Damascus Community Church, its leaders, employees, and volunteer staff liable for damages, losses, diseases, or injuries incurred by the subject of this form.

PARENT/GUARDIAN SIGNATURE:

\_\_\_\_\_