

Activity Participation Agreement

ACTIVITY INFORMATION

Name of sponsoring organization: IMMANUEL BAPTIST CHURCH

Address: 3417 PALMETTO ST / COLUMBUS OH / 43204 Telephone: 614-274-2687

Name of sponsor coordinator: _____ Telephone: _____

Description of activity: _____

Dates and location of activity: _____

PARTICIPANT INFORMATION

(To be completed by participant or an authorized guardian if participant is a minor)

Name of participant: _____

Address: _____ Telephone: _____

Name of emergency contact: _____

Telephone: _____
(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 or group number: _____

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) accepts personal financial responsibility for any bodily or personal injury sustained during the activity. Further, the participant (or parent/guardian) promises to hold harmless the sponsoring organization and its representatives for any injury related to the activity.

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 arbitration process.

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

Date: _____