Activity Participation Agreement

Activity Information

Name of sponsoring organization: **First Baptist Church**

Address: 512 S. U.S. – 27, St. Johns, MI 48879 Telephone: (989) 224-3110

Name of sponsor coordinator: Choose an item.

Description of activity: Click here to enter text.

Date(s) of activity: Click here to enter a date.

Location(s) of Activity:Click here to enter text.

## Participant Information

Name of participant: Click here to enter text.

Address: Click here to enter text.Telephone: Click here to enter text.

Name of emergency contact: Click here to enter text.

Telephone for day & evening: Click here to enter text.

Is sponsor authorized to approve medical treatment? Choose an item.

Is participant covered by personal / family medical insurance? Choose an item.

If yes, name of insurer: Click here to enter text.

Policy or group number: Click here to enter text.

Allergies, medications, & medical information: Click here to enter text.

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: Click here to enter text. Date: Click here to enter a date.

P*arent / guardian: If you plan to email this form, you must type your name above and click the checkbox to the left as your digital signature*