

# Faith Assembly of God

2621 Indiana Ave. • Joplin, MO • 64804 • Phone: (417) 623-0583

## Activity Participation Agreement

Sponsor:

Faith Assembly of God

Telephone:

417-623-0583

Description of Activity: \_\_\_\_\_

Date and Location of Activity: \_\_\_\_\_

### Participant Information

*(To be completed by a parent or an authorized guardian)*

Name of Participant: \_\_\_\_\_ Email: \_\_\_\_\_

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 and/or its representatives, including employees, and/or its volunteers, **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 sponsor (Faith Assembly of God)** and its representatives, including employees, and its volunteers, 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: \_\_\_\_\_

Date: \_\_\_\_\_

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

Medication: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_