

Activity Participation Agreement:

Participant Information:

Full Name _____ Date of Birth _____
Address _____
City _____ State _____ Zip _____

Parent or Guardian:

First Name _____ Last Name _____
Day Phone _____ Evening Phone _____

Secondary emergency contact:

First Name _____ Last Name _____
Relationship _____
Day Phone _____ Evening Phone _____

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: _____

This release expresses a full and complete release of any liability, past or future, which may be claimed against The Ark Church, its trustees, officers, employees and any volunteers.

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. 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 activities. 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 mutually acceptable arbitration process.

Signature: _____ **Date:** _____
Participant or parent/guardian if participant is a minor

Medical Information:

Allergies: _____
Handicap/limitations: _____
Does participant suffer from any illness, disease, etc? (example: asthma, epilepsy, diabetes)

Medications: _____
Any other information you feel pertinent: _____
