



# Activity Participation Agreement

This sample agreement should be reviewed and approved by your attorney prior to use.

## Activity Information (To be completed by the activity sponsor)

Name of sponsoring organization: Chapin Baptist Church

Address: 950 Old Lexington Highway, Chapin, SC 29036 Telephone: 803-345-3477

Name of sponsor's coordinator: Nikki Handeland or her representative Telephone: 218-831-0586

Description of activity: Any and all activities sponsored by Chapin Baptist Church

Date(s) and location of activity: On campus and off campus activities - January 1, 2019 - January 31, 2020

## Participant Information (To be completed by participant or authorized guardian)

Name of participant: \_\_\_\_\_

Name of parents/guardians: \_\_\_\_\_

Address: \_\_\_\_\_ Telephone: \_\_\_\_\_

Name of emergency contact: \_\_\_\_\_

Telephone (Day): \_\_\_\_\_ Telephone (evening): \_\_\_\_\_

List allergies or medical conditions: \_\_\_\_\_

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

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 damage 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: \_\_\_\_\_

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

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

*(Participant and/or ALL parent/guardians if participant is a minor)*