

## **Activity Participation Agreement**

## **Activity Information**

Name of sponsoring organization: <u>Martensdale Co</u>	mmunity Church
	Telephone: <u>(641) 764-2491</u>
	Telephone: <u>(818) 568-5595</u>
Description of activity: 2018-19 Youth Group Activi	ities
Location of activity: <u>Martensdale Community Chu</u>	rch, and other locations
Participant Information (To be completed by participant or	authorized guardian)
Name of participant:	
Name of parents/guardians:	
Address:	Telephone:
Name(s) of emergency contact:	
Telephone (Cell):	Telephone (Home/Work):
List allergies or medical conditions:	
Is sponsor authorized to approve medical treatment	t?
Is participant covered by personal/family medical in	nsurance?
If yes, name of insurer:	
Policy or group number:	
Participation Agreement	
parents or guardians, if Participant is a minor), and may re following: sickness, bodily injury, death, emotional injury, per In consideration for the opportunity to participate in the Participant is a minor) acknowledges and accepts the risks of from the Activity. The Participant (or parent/guardian) accessistained during the Activity or during transportation to and the Participant that is authorized by the Sponsor or its agents referred to hereinafter as the "Activity Sponsor"). Further, indemnify, defend, and hold harmless the Activity Sponsor Activity or transportation to and from the Activity, whether suparticipant, or otherwise.  If a dispute over this agreement or any claim for damages matter through a mutually acceptable alternative dispute resultivity Sponsor cannot agree upon such a process, the dispersion of the American Arbitration Activity or participant to the rules of the American Arbitration Arbitration pursuant to the rules of the American Arbitration Arbitration participants.	e activity described above, the Participant (or parent/guardian if injury associated with participation in and transportation to and epts personal financial responsibility for any injury or other loss from the activity, as well as for any medical treatment rendered to perpendicular to the participant (or parent/guardian) releases and promises to for any injury arising directly or indirectly out of the described arch injury arises out of the negligence of the Activity Sponsor, the sarises, the Participant (or parent/guardian) agrees to resolve the solution process. If the Participant (or parent/guardian) and the spute will be submitted to a three-member arbitration panel for association.
Name:	Name:
Signature:	Signature:
Datos	Data