

Grace Baptist Church

Activity Participation Agreement

(This agreement will be in effect for the 2019 calendar year)

Participant Information

Name of participant: _____

Address: _____ Phone: _____

Name of emergency contact: _____

Phone (daytime): _____ Phone (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 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 acknowledges and accepts the risks of injury associated with participation in and transportation to and from the activity. The participant 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 as the "activity sponsor"). Further, the participant 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 agrees to resolve the matter through a mutually acceptable alternative dispute resolution process. If the participant and the activity sponsor cannot agree upon such a process, the dispute will be submitted to a three-member arbitration panel for resolution in accordance with the rules of the American Arbitration Association.

Signature: _____ Date: _____

State of North Carolina County of _____.

I certify that the following person(s) appeared before me this day and acknowledged to me that he/she signed the foregoing document: _____.

This _____ day of _____, 2019.

Notary Public (please print)

(Official Seal)

Notary Public Signature

My Commission Expires: _____