

ACTIVITY PARTICIPATION FORM

ACTIVITY INFORMATION

Name of sponsoring organization: Hickory Flat United Methodist Church
Address: 4056 East Cherokee Drive, Canton, GA, 30115 Telephone: (770) 345-5969
Name of sponsor coordinator: _____ Telephone: _____
Description of activity: _____

Date(s) and location of activity: _____

PARTICIPANT INFORMATION

(To be completed by participant or an authorized guardian)

Name of participant: _____
Address: _____ Telephone: _____
Name of emergency contact: _____
Telephone: _____

Is sponsor authorized to approve medical treatment? _____ *(Day)* Yes _____ *(Evening)* No

Is participant covered by personal/family medical insurance _____ Yes _____ No

If yes, name the 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, 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 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 a mutually acceptable arbitration process.

Signature: _____
(Participant or parent/guardian if participant is a minor)

Date: _____