

# ACTIVITY PARTICIPATION AGREEMENT

## ACTIVITY INFORMATION

(to be completed by the activity sponsor)

Name of sponsoring organization: **First Baptist Church Fort Mill Children's Ministry**

Address: **121 Monroe White St., Fort Mill, SC 29715** Phone: **803-547-2051**

Name of sponsor coordinator: \_\_\_\_\_ Phone: \_\_\_\_\_

Description of activity: \_\_\_\_\_

Date(s) and location of activity: \_\_\_\_\_

## PARTICIPANT INFORMATION

(to be completed by participant or an authorized guardian)

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

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Telephone: (day) \_\_\_\_\_ (evening) \_\_\_\_\_

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

Is sponsor authorized to approve medical treatment? \_\_\_\_\_ Yes \_\_\_\_\_ 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 and 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 of damages arises, the participant (or parent/guardian) agrees to resolve the matter through a mutually acceptable arbitration process.

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

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