

Jefferson United Methodist Church Activity Participation Agreement

Activity Information

Name of sponsor's organization: Jefferson United Methodist Church
Address: 125 E Jefferson Street, Jefferson, OH 44047 Telephone: 440-576-4561
Description of activity: VBS Sunday School Adventure Club Youth Program R&R
Other: _____
Date(s) and location of activity: Church School 2015-16 School Year 2015 Calendar Year

Participant Information

(To be completed by participant or authorized guardian)

Name of participant: _____ Grade _____
Names of parents/guardians: _____ Shirt Size: _____
Address: _____ Telephone: _____
Name of emergency contact: _____
Telephone (Day): _____ Telephone (Evening): _____ Cell: _____
E-mail address _____
Is sponsor authorized to provide medical treatment? Yes No
Is participant covered by personal/family medical insurance? Yes No
If yes, name of insurer: _____
Policy or group number: _____

Medical information including medical provider(s) is listed on the next page and will remain confidential.

Participation Agreement

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 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 "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 Sponsor, or 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 Sponsor cannot agree upon such a process, the dispute will be submitted to a three-member arbitration panel of the American Arbitration Association for final resolution.

I GIVE I DO NOT GIVE Jefferson United Methodist Church permission to publish in print, electronic, or video formats the likeness or image of my child. I release all claims against them with respect to copyright ownership and publication including any claim for compensation related to use of the materials.

Signature: _____ Date: _____

Signature: _____ Date: _____

(Participant or BOTH parents/guardians if Participant is a minor)

Name of participant: _____

Medical history and known allergies to food, drugs, bee stings, ect.:

List all medicines and doses currently taken:

Medical provider(s) names and telephone numbers:

Doctor _____

Doctor's Phone _____

Dentist _____

Dentist's Phone _____

Eye Dr. _____

Eye Dr's Phone _____

Hospital _____

Hospital Phone _____