

**Jefferson United Methodist Church**  
**Activity Participation Agreement**  
**2018 -19**

**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 \_\_\_ Children's Choir \_\_\_ Youth Program \_\_\_ R&R  
Other: \_\_\_\_\_

**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 \_\_\_\_\_