



Grace Bible Church
424 Gender Road, Canal Winchester, OH 43110 614.833.0700

Activity Participation Agreement

Description of Activity: _____

Date of Activity: _____ Location of Activity: _____

Participant Information *(to be completed by participant or authorized parent/guardian)*

Name of participant: _____ Telephone/Cell #: _____

Address: _____ City: _____ State: _____ Zip Code: _____

Name of Parents/Guardians: (please print) _____

Name of Emergency Contact: _____

Emergency Contact Telephone # (Day): _____ (Evening): _____

List all allergies and/or medical conditions: _____

Is Activity Sponsor authorized to approve medical treatment? Yes No

Participation Agreement

I acknowledge that participation in the activity described above involves risk to the Participant (and to Participant's parents or guardians, if Participant is a minor), and may result in various types of injuries 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 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 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 hereinafter as the "Activity 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 Activity Sponsor, the Participant, or otherwise. The Participant (parent/guardian) authorizes the Activity Sponsor to consent to any x-ray examination, anesthetic, medical, surgical or dental diagnosis or treatment, and hospital care, to be rendered to the Participant under the general or special supervision and on the advice of any physician or dentist licensed under the provisions of the Medical Practice Act on the medical staff of a licensed hospital, whether such diagnosis or treatment is rendered at the office of said physician or at said hospital. Should it be necessary for Participant to return home due to medical reasons or otherwise, the Participant (parent/guardian) shall assume all transportation costs.

Participant (parent/guardian) voluntarily grants and with full understanding, to Activity Sponsor, a license to the following: Use and storage of participant's name and image, by means of digital or film photography, video photography, audio recording or other documentation, with respect to the Activity; use of any stored data including participant's name and image in printed publications, electronic publications, and/or in any Web site created by or for Activity Sponsor for its sole benefit. Appropriate electronic communication with participant will be tolerated. Counseling between Participant and Activity sponsor can take place with safety parameters in place.

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

Participant Signature: _____ Date: _____

Parent/Guardian Signature: _____ Date: _____

(I am signing this agreement on behalf of a minor child, I hereby warrant that I am the legal parent/guardian of the child and that I have the legal authority to sign this agreement on behalf of the child. In exchange for allowing my child/ward to participate in the ministry activities, I agree to indemnify, defend, and hold harmless the ministry from any liability that may result from the activities.)

Parent/Guardian Printed Name: _____

Parent/Guardian Signature: _____ Date: _____

(I am signing this agreement on behalf of a minor child, I hereby warrant that I am the legal parent/guardian of the child and that I have the legal authority to sign this agreement on behalf of the child. In exchange for allowing my child/ward to participate in the ministry activities, I agree to indemnify, defend, and hold harmless the ministry from any liability that may result from the activities.)

Parent/Guardian Printed Name: _____

This document will be valid for one year from the date of signature.