

ACTIVITY PARTICIPATION AGREEMENT

ACTIVITY INFORMATION (To be completed by the activity sponsor)

Name of sponsoring organization: _____

Address: _____ Telephone: _____

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: _____
(Day) (Evening)

Is sponsor authorized to approve medical treatment? Yes No

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

If yes, name of insurer: _____

Policy or group number: _____

List of all current:

Allergies: _____

Illnesses: _____

Physical problems: _____

Medications: _____

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 _____ Date: _____

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