



Activity Participation Agreement

Activity Information

(To be completed by the activity coordinator)

Name of sponsoring organization: Bible Baptist Church – Mt. Orab, Ohio
 Address: 990 West Main St. Mt. Orab, Ohio Telephone: 937-444-2493
 Name of sponsor's coordinator: _____
 Description of activity: _____
 Date (s) and location of activity: _____

Participant Information

(To be completed by participant or authorized guardian)

Name of participant: _____
 Address: _____ City: _____ State: _____
 Name of emergency contact: _____
 Telephone (daytime): _____ Telephone (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 required: _____
If yes, policy or group number required: _____
 Does participant take any medication? Yes No If yes, what _____
 Does participant have any allergies? Yes No If yes, what _____

Participation Agreement

In consideration for the opportunity to participate in the above 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. Further, the Participant (or parent/guardian) promises to indemnify, defend, and hold harmless the activity sponsor or its agents, employees, volunteers, or any other representatives (collectively referred to hereinafter as the "Sponsor") for any injury related 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 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.

Signature: _____ Date: _____
(Participant or parent / legal guardian if participant is a minor)