

Activity Participation Agreement

Activity Information (To be completed by the activity sponsor)

Name of sponsoring organization:	
Address:	Telephone:
Name of sponsor's coordinator:	Telephone:
Description of activity:	
Date(s) and location of activity:	
Participant Information (<i>To be completed by participant or authorized gue</i> Name of participant:	
Name of parents/guardians:	
Address:	
Name of emergency contact:	
Telephone (daytime): Telephone (ev	ening):
List allergies or medical conditions:	
Is sponsor authorized to approve medical treatment?	□No
Is participant covered by personal/family medical insurance?	□No
If yes, name of insurer:	
Policy or group number:	
Participation Agreement	
I acknowledge that participation in the activity described above involves a participant's parents or guardians, if the participant is a minor), and may including, but not limited to, the following: sickness, bodily injury, death, a property damage, and financial damage.	result in various types of injury
In consideration for the opportunity to participate in the activity describe (or parent/guardian if the participant is a minor) acknowledges and accep participation in and transportation to and from the activity. The participal financial responsibility for any injury or other loss sustained during the act and from the activity, as well as for any medical treatment rendered to the the sponsor or its agents, employees, volunteers, or any other represents "activity sponsor"). Further, the participant (or parent/guardian) releases and hold harmless the activity sponsor for any injury arising directly or in transportation to and from the activity, whether such injury arises out of the participant, or otherwise.	ts the risks of injury associated with nt (or parent/guardian) accepts personal ctivity or during transportation to e participant that is authorized by atives (collectively referred to as the and promises to indemnify, defend, directly out of the described activity or
If a dispute over this agreement or any claim for damages arises, the part to resolve the matter through a mutually acceptable alternative dispute re (or parent/guardian) and the activity sponsor cannot agree upon such a p to a three-member arbitration panel for resolution in accordance with the Association.	esolution process. If the participant rocess, the dispute will be submitted
Signature:	Date:
Signature:	Date:
Signature:	Date: