

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 (To be completed by participant or authorized gu	ardian)
Name of participant:	
Name of parents/guardians:	
Address:	Telephone:
Name of emergency contact:	
Telephone (daytime):	Telephone (evening):
List allergies or medical conditions:	
Is sponsor authorized to approve medical treatment?Yes	No
Is participant covered by personal/family medical insurance?Ye	sNo
If yes, name of insurer:	
Policy or group number:	
Participation Agreement	
I acknowledge that participation in the activity described above involves reparents or guardians, if the participant is a minor), and may result in varion the following: sickness, bodily injury, death, emotional injury, personal in	ous types of injury including, but not limited to
In consideration for the opportunity to participate in the activity describe parent/guardian if the participant is a minor) acknowledges and accepts to in and transportation to and from the activity. The participant (or parent/bility for any injury or other loss sustained during the activity or during transfor any medical treatment rendered to the participant that is authorized between, or any other representatives (collectively referred to as the "activity parent/guardian) releases and promises to indemnify, defend, and hold hing directly or indirectly out of the described activity or transportation to es out of the negligence of the activity sponsor, the participant, or otherw	the risks of injury associated with participation (guardian) accepts personal financial responsiansportation to and from the activity, as well aby the sponsor or its agents, employees, volung sponsor"). Further, the participant (or tarmless the activity sponsor for any injury aris and from the activity, whether such injury aris
If a dispute over this agreement or any claim for damages arises, the part the matter through a mutually acceptable alternative dispute resolution p and the activity sponsor cannot agree upon such a process, the dispute w panel for resolution in accordance with the rules of the American Arbitrat	process. If the participant (or parent/guardian) will be submitted to a three-member arbitration
Signature: Date::	Date:
Signature: Date::	Date:

(Participant and/or parent/guardians if participant is a minor)