

ACTIVITY PARTICIPATION AGREEMENT

ACTIVITY INFORMATION

(To be completed by the activity sponsor)

Name of Sponsoring Organization: Haven Reformed Church Telephone: (269) 344-5871
Address: 5350 North Sprinkle Rd. Kalamazoo, MI 49004
Name of Sponsor Coordinator: Dave Ericks Telephone: (269) 344-5871
Description of Activity: Middle school and high school activities, mission trips, and other planned activities.
Date(s) and Location(s): Information provided to parent/guardians.

PARTICIPANT INFORMATION

(To be completed by participant or an authorized guardian)

Name of Participant: _____ Telephone: _____
Address: _____
Emergency Contact: _____ Telephone: _____
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/Group Number: _____

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)