Activity Participation Agreement

2011 Family Mission Trip
July 13-17

Georgetown Church of the Nazarene
726 Lemons Mill Rd
Georgetown, KY 40324
502.863.2467

Participant Information
(To be completed by participant or an authorized guardian.)

Name of participant: _____

Address: _____

Telephone: _____
[Daytime] *[Evening]*

Is the sponsor authorized to approve emergency medical treatment? Yes No
Is the participant covered by personal/family medical insurance? Yes No
If yes, name of insurance company: _____
Policy or group number: _____
Important medical information (allergies, reactions, medications, etc.): _____
_____
_____
_____

PARTICIPANT 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 above-described activity. 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.

The participant (or parent/guardian if participant is a minor) understands and will abide with the above paragraph.

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: _____
(Participant & parent/guardian if participant is a minor)