

Activity Participation Agreement

Activity Information

Acquire the Fire
Orchards Community Church
743-1021
Coordinator: Taun Allman

Everett WA. March 30th – April 1st
822 Bryden Avenue, Lewiston, ID 83501
www.lewistonocc.org
743-1021

Participant Information

Name of participant: _____ DOB: _____

Name of parents/guardians: _____

Address: _____ Phone # (cell): _____

Phone # (daytime): _____ Phone # (evening): _____

Name of emergency contact: _____

Phone # (daytime): _____ Phone # (evening): _____

List allergies, medical conditions and/or medications: _____

Is participant covered by personal/family medical insurance: Yes No

If yes, name of insurer: _____ Policy or group #: _____

Permission to Participate

1. We/I, the undersigned parent(s) or legal guardian(s) of _____ (“the Child”) grant permission for the Child to participate in, which may include activities such as _____ (“the Event”). The event is sponsored by Orchards Community Church (collectively referred to as the “Church”).
2. We/I give permission for the Child to be driven in a private vehicle to and from the Church premises for the Event, which is away from the Church campus.
3. We/I grant permission to the Church and its employees, volunteers and agents to take the Child to a licensed physician for medical treatment, emergency surgery, or hospitalization if the Child becomes ill or sustains an injury or otherwise requires medical treatment or attention and the Church cannot contact me within a reasonable period of time. We/I give my consent to any licensed physician to administer drugs or medicine or to perform such medical procedures as that physician determines necessary for the relief of pain or to preserve the Child’s life or health. We/I agree to assume the responsibility for all medical, transportation, rescue and other related expenses incurred on behalf of the Child in the event the Child receives medical attention.
4. We/I understand that the Church may permanently or temporarily dismiss the Child from the Event if it determines the Child’s behavior is disruptive or a detriment to the Church as determined in the Church’s sole and absolute discretion. If the Church determines that the Child must be dismissed from the Event, we/I will arrange for the Child’s immediate transportation from the Event (if necessary), and pay or reimburse the Church for any and all associated costs.
5. We/I release and agree to hold harmless, defend and indemnify the Church and its directors, officers, employees, volunteers and agents (“Releasees”) from and against any and all claims for personal injury (including loss of life) and all other losses or damages.

Parent/guardian signature _____ date _____

Parent/guardian signature _____ date _____