

ACTIVITY PARTICIPATION AGREEMENT



ACTIVITY INFORMATION

(To be completed by the activity sponsor)

Name of Sponsoring Organization: **Bethel Assembly of God
Royal Rangers Outpost 116**

Address: **131 W. Elm St. Sycamore, IL**

Telephone: **(815) 895-4740**

Name of Sponsor Coordinator: **Larry McMillan**

Telephone: **(815) 991-9031**

Description of Activity: **Winter Fest 2012**

Date(s) and Location of Activity: **February 11, 2012 @ Russell's Woods**

PARTICIPANT INFORMATION

(To be completed by participant or an authorized guardian)

Name of Participant: _____

Address: _____ Telephone: _____

Name of Emergency Contact: _____

Telephone (Day): _____ Evening: _____

Cell #: _____

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 and/or 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)