

Activity Participation Agreement

Activity Info	rmation (To be completed by	the activity leader)			
Name of spo	onsoring organization:	Kingston Christian (Church		
Address:	11255 NE 2nd St, Kingsto	n, WA 98346	Telephone:	(360)297-2551	
Name of activity leader:			Telephone:		
Description	of activity:				
Date(s) and	location of activity:				
Participant I	Information (To be completed	d by participant or authori	zed guardian)		
-	rticipant:		_		
	i mary custodial parent/guard				
Address:			Telephone:		
Name of em	nergency contact:				
	lephone (Day): Telephone (evening):				
List allergies	s or medical conditions:				
Is KCC repre	esentative authorized to app	rove medical treatment?	☐ Yes	s □ No	
Is participar	nt covered by personal/famil	y medical insurance?	☐ Yes	s □ No	
If yes, name	e of insurer:				
Policy or gro	oup number:				
I acknowledge or guardians,	n Agreement e that participation in the activity if Participant is a minor), and ma ily injury, death, emotional injury	y result in various types of i	njury including, but no	ot limited to, the following:	
parent/guard transportation injury or othe treatment rer representativ releases and pout of the des	ion for the opportunity to partici- ian if Participant is a minor) acknown to and from the Activity. The Participant is a minor in the Activity of the Participant that is a ces (collectively referred to hereing promises to indemnify, defend, a scribed Activity or transportation poonsor, the Participant, or othere	owledges and accepts the ri articipant (or parent/guardia ty or during transportation to authorized by the Sponsor of nafter as the "Activity Spons and hold harmless the Activity to and from the Activity, wh	sks of injury associate in) accepts personal fictory and from the activity its agents, employee or"). Further, the Party Sponsor for any injury	d with participation in and nancial responsibility for any cy, as well as for any medical s, volunteers, or any other icipant (or parent/guardian) ary arising directly or indirectly	
matter throug Activity Spons	ver this agreement or any claim f gh a mutually acceptable alterna sor cannot agree upon such a pro rsuant to the rules of the Americ	tive dispute resolution proce ocess, the dispute will be sub	ess. If the Participant (or parent/guardian) and the	
Participant S	Signature:		Date:		
Primary Custodial Parent/Guardian Signature:MAY2016		ture:			