# Activity Participation Agreement, Release Form, and Medical Consent

**Activity Information**:

Grace Ministry Organizing Activity or event:_____

Ministry Leader: _____Phone: _____

Title of Event or Activity:_____

Date of Event or Activity:_____ Location:_____

**Participant/Student Information:**

Name of Participant/Student:_____

Name of Parents/Guardian:_____

Address:_____Phone:_____

Name of Emergency contact:_____ Home Phone:_____

Cell Phone:_____ Business Phone:_____

Alternate:_____ Phone: _____

List allergies or medical conditions:_____

Is Ministry Leader authorized to approve medical treatment? ___Yes ___No

Is participant/student covered by personal/family medical insurance? ___Yes ___No

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

Doctor's Name:_____Phone:_____

Signature of Parent or Legal Guardian_____Date:_____

## Participation Agreement:

I acknowledge that the activity described above involves risk to the Participant/Student (and to Participant/Student's parents or guardians, if Participant/Student is a minor), and may result in various types of injury including, but not limited to the following: Sickness, bodily injury, death, emotional injury, personal injury, property damage and financial damage.

In consideration for the opportunity to participate in the activity described above (the "Activity"), the Participant/Student (or parent/guardian if Participant//Student is a minor) acknowledges and accepts the risks of injury associated with participation in and transportation to and from the Activity. The Participant/Student (or parent/guardian) accepts personal financial responsibility for any injury or other loss sustained during the Activity or during transportation to and from the activity, as well as for any medical treatment rendered to the Participant/Student that is authorized by the Ministry Leader or its agents, employees, volunteers, or any other representatives (collectively referred to hereinafter as the "Activity Sponsor"). Further, the Participant/Student (or parent/guardian) releases and promises to indemnify, defend, and hold harmless the Activity Sponsor for any injury arising directly or indirectly out of the described Activity or transportation to and from the Activity, whether such injury arises out of the negligence of the Activity Sponsor, the Participant/Student, or otherwise.

If a dispute over this agreement or any claim for damages arises, the Participant/Student (or parent/guardian) agrees to resolve the matter through a mutually acceptable alternative dispute resolution process. If the Participant/Student (or parent/guardian) and the Activity Sponsor cannot agree upon such a process, the dispute will be submitted to a three-member arbitration panel for resolution pursuant to the rules of the American Arbitration Association.

Signature _____ Date:_____

Signature _____ Date:_____

Signature:_____ Date:_____

*(Participant/Student and/or ALL parent/guardians if participant is a minor)*

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