

Activity Participation Agreement

ACTIVITY INFORMATION

(To be completed by the activity sponsor)

Name of sponsoring organization:	Arapahoe Road Baptist Church, 780 E Arapahoe Rd., Centennial, CO		
Name of sponsor coordinator:		Telephone:	
Description of Activity:			
Date of Activity:			
Location of Activity:			

PARTICIPANT INFORMATION

(To be completed by participant or an authorized guardian)

Student Information			
Name of participant:		Date of Birth:	
Address:			
Telephone:			
Emergency Contact Information			
Name of emergency contact:		Relationship:	
Home Phone:		Work Phone:	
		Cell Phone:	
Insurance and Medical Information			
In the event of an emergency, is sponsor authorized to approve medical treatment?	YES	NO	
Family Health Plan Carrier:			
Policy Number:		Group Number:	
Family Doctor:		Phone Number:	

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 activity described above. Except for gross negligence on 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:	
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(Participant or parent/guardian if participant is a minor)