

Activity Participation Agreement

REAL LIFE COMMUNITY CHURCH STUDENT MINISTRIES

EVENT: _____

LOCATION OF EVENT: _____

DATE OF EVENT: _____

COST OF EVENT: _____

Real Life Community Church
3134 Swanson Rd.
Portage, IN 46368
219.762.6544

Participant Information (To be completed by participant or an authorized guardian.)

Name of participant: _____

Address: _____

Telephone: _____

[Daytime]

[Evening]

[Cell]

Is the sponsor authorized to approve emergency medical treatment? Yes No

Is the participant covered by personal/family medical insurance? Yes No

If yes, name of insurance company: _____

Policy or group number: _____

Important medical information (allergies, reactions, medications, etc.): _____

PARTICIPANT AGREEMENT

By signing below, the participant (and a parent/guardian, if participant is a minor) acknowledges and accepts the risks of physical injury associated with participation in the above-described activity. 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.

The participant (or parent/guardian if participant is a minor) understands and will abide with the above paragraph.

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.

THE USE OF TOBACCO, ALCOHOL, OR OTHER CONTROLLED SUBSTANCES WILL NOT BE PERMITTED BY ANY PARTICIPANT. USE OR POSSESSION OF THESE ITEMS WILL RESULT IN YOUR DISMISAL FROM THE TRIP. YOU WILL BE SENT HOME IMMEDIATELY AT YOUR PARENT OR GUARDIAN'S EXPENSE.

Parent/Guardian's Signature: _____ Date: _____

Student Signature: _____ Date: _____