Activity Participation Agreement

Water of Life Community Church,
7625 East Ave., Fontana, CA
909-463-0103

Activity Information *(to be completed by activity sponsor)*

This activity is sponsored by: _____

Description of activity/name of event:_____

Date(s) of activity: _____

Location of activity: ☐ on campus ☐ off campus: _____

Participant Information *(to be completed by the participant if over 18 or authorized guardian)*

_____ _____ ____/____/____
Name of participant Age Birthdate

_____ _____
Address Cell phone# / contact#

_____ _____
Name of parent(s)/guardians Cell phone# / contact#

_____ _____
Name of emergency contact Relationship to participant Cell phone# / contact#

List allergies, medical conditions or anything else WOL should be aware of: _____

_____

Is participant covered by personal/family medical insurance? ☐ YES ☐ NO

If yes, name of insurer: _____ _____
Policy or Group #

I acknowledge that the activity described above involves risk to the Participant (and to Participant's parents or guardians, if Participant 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 Participant (or parent/guardian if Participant is a minor) acknowledges and accepts the risks of injury associated with participation in and transportation to and from the Activity (if applicable). The Participant (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 that is authorized by the Sponsor (Water of Life Community Church) or it's agents, employees, volunteers, or any other representatives (collectively referred to hereinafter as the "Activity Sponsor"). Further, the Participant (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, or otherwise.

I authorize the Activity Sponsor to consent to any x-ray, examination, anesthetic, medical or surgical diagnosis or treatment on the advice of any physician or surgeon licensed to practice in the state of treatment, on behalf of the Participant (or parent/guardian) when the need for such treatment is immediate, and when efforts to contact parent/guardian are unsuccessful. I understand that the Activity Sponsor is not responsible for costs incurred for medical care.

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 alternative dispute resolution process. If the Participant (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 of Participant (or parent/guardian if participant is a minor) Today's Date