

MISSIONS PARTICIPATION AGREEMENT & COVENANT

MISSION INFORMATION (Mission sponsor information)

Name of sponsoring organization: Washington Madison Baptist Association

Address: 1925 N Green Acres Road, Fayetteville, AR 72703 Phone: 479-521-1295

Name of Team Leader: _____ Phone: _____

Description of Activity: Burn brush and leaves, Repair work, Other misc. work

Date(s) and location of activity: March 26-27, 2020 – Baptist Vista Camp, Cass, AR

PARTICIPANT INFORMATION (To be completed by participant or an authorized guardian)

Full Name of Participant: _____

Address: _____

Phone: _____ Email: _____

Birth Date ____/____/____ Male ____ Female ____ Marital Status (circle one): Single Married

Name of Emergency Contact: _____

Phone: (Day) _____ (Evening) _____

Is sponsor authorized to approve medical treatment? ____ Yes ____ No

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

If yes, name the insurer: _____ Policy/Grp.#: _____

Describe present health: ____ Excellent ____ Good ____ Average ____ Poor

List any medication you are taking: _____

List any allergies you have: _____

T-Shirt Size: ____ S ____ M ____ L ____ XL ____ 2XL ____ 3XL

PARTICIPANT COVENANT AGREEMENT

By signing below, the participant (or parent/guardian) acknowledges and accepts the risks of physical injury associated with participation in the activity described above. The participant accepts personal financial responsibility for any bodily or personal injury sustained during the activity. Further, the participant promises to hold harmless the sponsoring organization and its representatives for any injury related to the activity. The participant waives any defense to the enforcement of any provision of this agreement arising from a claim of lack of consideration and warrants that this agreement constitutes a legal, valid, and binding obligation upon them. The participant agrees that this assumption of risk and indemnity agreement is intended to be as broad and inclusive as permitted by law.

The participant covenants to serve under the leadership of the Team Leader. Participant covenants to refrain from using any alcohol or tobacco products while serving on this Team. If behavior differs with the sponsor policies or is inconsistent with Biblical standards, participant understands they may be immediately dismissed with no refund for cost of the mission project.

Signature: _____ Date: _____

(Participant or parent/guardian if participant is a minor)

[See questions on back of this page . . .]

Meals at the Camp

Please indicate with a check which meals you will partake of while at the camp:

26th

☐ Lunch

☐ Dinner

27th

☐ Breakfast

☐ Lunch