

Wickland Baptist Church



Valid January 1, 2019 through December 31, 2019

Activity Participation Agreement

Activity Information:

Name of sponsoring organization: Wickland Baptist Church
Address of organization: 510 Bloomfield Road, Bardstown Ky. 40004 Phone: (502) 348-7661
Name of Sponsor's Coordinator: Wickland Baptist Church Phone: (502) 348-7661
Inclusive of all services, events and activities sponsored by Wickland Baptist Church.

Participant Information (to be completed by participant or authorized guardian): (One participant per form, please)

Name of Participant: _____ Date of Birth: ____/____/____

Name of parent(s) or guardian(s): _____

Primary Address: _____

Phone: (____) ____ - _____ Phone: (____) ____ - _____

Name of emergency contact: _____

Phone (day): (____) ____ - _____ Phone (evening): (____) ____ - _____

(Please list any other addresses and phone numbers on the back of this form)

List allergies or other medical conditions: _____

Is Sponsor authorized to approve medical treatment (Circle one): YES NO

Is participant covered by personal/family medical coverage (circle one): YES NO

If yes, name of insurer: _____

Policy or group number: _____

Participation Agreement

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

In consideration for the opportunity to participate in the described above (the "Activity"), The Participant (*or the 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. The Participant (*or Parent/Guardian, if the Participant is a minor*) accepts financial responsibility for any injury or loss sustained during the Activity or during transportation to and/or from the Activity, as well as any medical treatment rendered to the Participant that is authorized by the Sponsor or it's agents, employees, volunteers, or any other representatives (*collectively referred to hereinafter as "Activity Sponsor"*). Further, the Participant (*or parent/Guardian, if the participant is a minor*) 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/or from the Activity, whether such injury arises out of negligence of the Activity Sponsor, the Participant, or otherwise.

If a disput over this agreement or any claim or damages arises, the Participant (*or Parent/Guardian, if the Participant is a minor*) agrees to resolve the matter through a mutually acceptable alternative dispute resolution process. If the Participant (*or Parent/Guardian, if the Participant is a minor*) 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 or ALL Parent/Guardian, (if the Participant is a minor).