



# First Baptist Church GLENPOOL

## Activity Participation Agreement for 2019

### **Activity Information (To be completed by the activity sponsor)**

Name of Church: First Baptists Church Glenpool

Address: 52 E. 145<sup>th</sup> St. Glenpool, OK 74033

Telephone: 918-322-5229

Name of sponsor's coordinator: Louie Campbell (student pastor) Telephone: 918-809-9151

### **Please Read Carefully**

Description, Date(s) and location of activity: (Check the ones below that you are giving permission for your student to attend. If something changes that you do not want your student to go on the trip, then you must contact the sponsor above directly to let them know that you are not allowing your student to go on this trip. If a trip comes about that is not on this form, there will be another form at that time to fill out.)

### **Check all that may apply:**

Collective Weekend (Feb. 1-3) in Tulsa area?

Yes  No

Lock-Out (all day lock in event) (April 20<sup>th</sup>) in Tulsa area?

Yes  No

Falls Creek Summer Camp (June 17<sup>th</sup>-22<sup>nd</sup>) at Turner Falls?

Yes  No

Junior to Senior Leadership Trip (Aug) in Oklahoma City area?

Yes  No

Youth Bonfire (November) in Henryetta, Oklahoma?

Yes  No

Small Group Activities/local mission opportunities (Throughout year)?

Yes  No

### **Participant Information (To be completed by participant or authorized guardian)**

Name of participant: \_\_\_\_\_

Name of parents/guardians: \_\_\_\_\_

Address: \_\_\_\_\_ Telephone: \_\_\_\_\_

Name of emergency contact: \_\_\_\_\_

Telephone (Day): \_\_\_\_\_ Telephone (evening): \_\_\_\_\_

List allergies or medical conditions: \_\_\_\_\_

Is sponsor authorized to approve medical treatment?  Yes  No

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

If yes, name of insurer: \_\_\_\_\_

Policy or group number: \_\_\_\_\_

**LOOK ON BACKSIDE**



# First Baptist Church

## GLENPOOL

Participation Agreement I acknowledge that participation in 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 "Activity"), 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. 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 or its 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. This agreement also grants permission for the participant's photo to be used in promotion, social media settings, video and any other form of media. 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.

### **Must Sign**

Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

(Participant and/or ALL parent/guardians if participant is a minor)