

Activity Participation Agreement

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

Name of sponsoring organization: Millersburg Assembly God

Address: 2261 Shippen Dam Rd. Millersburg, PA 17061 Telephone: 717-692-3904

Description of activity: Activities may include sports, recreational games or van transportation

Date(s) and location of activity: Classes start at 7:00 PM on Wednesday evenings. Van pick up and drop off
times vary, 6:00-6:25 PM (pick up) & 8:20- 9:00 PM (drop off)

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

Name of participant: Birthdate: Grade:

Address:

Name of parents/guardians:

Home Phone: Cell Phone(s):

Emergency contact (if not a parent): Phone:

Email (Parent): Email (Participant):

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:

Occasionally we use our Church website, Facebook, or various photo and/or video projects to promote our programs and communicate with families. Does Participant have permission to be photographed or recorded. ☐ Yes ☐ No

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. I also acknowledge that there's a potential risk for my child to be exposed to certain transmitted sicknesses, like corona virus, while they are attending the Activity and interacting with others.

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.

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.

Parent/ Guardian Signature: Date:

Parent/ Guardian Signature: Date:

Participant Signature: Date:

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