

# Activity Participation Agreement

## ACTIVITY INFORMATION

Name of Ministry: Youth Ministry, Church of the Open Door  
Name of Ministry Coordinator: Duane Adler, Interim Youth Director Telephone: 215-646-7471  
Description of activity: Various Youth Activities  
Date(s) and location of activity: July 1, 2016 - August 31, 2017

## PARTICIPANT INFORMATION

Name of student: \_\_\_\_\_ Age: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
School: \_\_\_\_\_ Grade: \_\_\_\_\_  
Address: \_\_\_\_\_ Telephone: \_\_\_\_\_  
Student Email: \_\_\_\_\_ Student Cell Phone: \_\_\_\_\_  
Students preferred method of contact (text, email, Facebook, etc.): \_\_\_\_\_  
Does participant have any known medical conditions of which we should be aware?  Yes  No  
If yes, please explain: \_\_\_\_\_  
List allergies, medical reactions or medical conditions: \_\_\_\_\_  
\_\_\_\_\_

## INSURANCE INFORMATION

Is participant covered by personal/family medical insurance?  Yes  No  
If yes, name of medical insurance carrier: \_\_\_\_\_  
Policy or group number: \_\_\_\_\_ Primary insured: \_\_\_\_\_  
Is participant covered by personal/family dental insurance?  Yes  No

If yes, name of dental insurance carrier: \_\_\_\_\_  
Policy or group number: \_\_\_\_\_ Primary insured: \_\_\_\_\_

## PARTICIPANT INFORMATION IF A MINOR (To be completed by participant's parent or legal guardian)

Name of legal guardian: \_\_\_\_\_ Telephone: \_\_\_\_\_  
Email of parent/guardian: \_\_\_\_\_ Preferred method of contact: \_\_\_\_\_  
(Text, email, Facebook, etc.)  
Name of emergency contact: \_\_\_\_\_  
(Other than parent or guardian)  
Emergency contact's telephone: \_\_\_\_\_  
+ \_\_\_\_\_ other telephone: \_\_\_\_\_

Is the Ministry Coordinator authorized to approve medical treatment?  Yes  No

In case of illness, injury or accident, I give permission to have my child evaluated and treated by qualified medical personnel. I understand every attempt will be made to notify me. However, if I cannot be notified, Church of the Open Door and/or its Ministry Coordinators, pastors, officers, staff, employees, volunteers, agents or any other representatives (collectively referred to as "COD") have my permission to authorize any further medical care or medical treatment they deem necessary and to sign any necessary medical forms on my child's behalf.

I, the undersigned, have legal custody of the minor named above, and hereby give permission for my child to participate and attend activities and events sponsored by, organized by and/or associated with Church of the Open

**ASSUMPTION OF RISKS:**

The participant (or parent/guardian) acknowledges that the participation in the Activity described above involves certain inherent risks to the participant (and to the participant’s parents or guardians, if the participant is a minor), and may result in various types of injury including, but not limited to, the following: sickness, bodily injury (such as minor injuries; bruises, scratches and sprains to major injuries; joint or back injuries, heart attack), death, emotional injury, personal injury, property damage, and financial damage.

**PARTICIPATION AGREEMENT**

In consideration for the opportunity to participate in the Activity described above, the participant (or parent/guardian if the participant is a minor) acknowledges, understands 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 Ministry Coordinators, pastors, officers, staff, employees, volunteers, agents or any other representatives (collectively referred to as “COD”).

In the event participant’s health, medical history or ability to participate in any events changes during the effective period defined, participant (or parent/guardian) understands and acknowledges that notice to Church of the Open Door must be provided as soon as reasonably possible and that participant (or parent/guardian) may be required to execute and submit a new form to Church of the Open Door in order for participant to be involved in any events.

**WAIVER OF LIABILITY**

In consideration of being permitted to participate in any way in Activity, participate (or parent/guardian) agrees for self, minor, heirs, personal representatives or assigns, do hereby release, waive, discharge, and covenant not to sue Church of the Open Door, its Ministry Coordinators, pastors, officers, staff, employees, volunteers, agents or any other representatives (collectively referred to as “COD”) for liability from any and all claims resulting in personal injury, accidents or illnesses (including death), and property loss arising from, but not limited to, participation in Activity.

**INDEMNIFICATION AND HOLD HARMLESS**

The participant (or parent/guardian) also agrees and promises to indemnify and hold harmless and defend Church of the Open Door its Ministry Coordinators, pastors, officers, staff, employees, volunteers, agents or any other representatives (collectively referred to as “COD”) from 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 “COD”, the participant, or otherwise, against all claims, actions, suits, procedures, costs, expenses, damages, and liabilities, including attorney’s fees brought as a result of participants (or my child’s) participation or involvement in Activity and to reimburse them for any such expenses incurred.

**ARBRITRATION AGREEMENT**

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 “COD” cannot agree upon such a process, the dispute will be submitted to a three-member arbitration panel for resolution in accordance with the rules of the American Arbitration Association.

**SEVERABILITY**

The participant (or parent or guardian) further expressly agrees that the forgoing waiver and assumption of risks agreement is intended to be as broad and inclusive as is permitted by the law of the State of Pennsylvania, and that if any portion thereof is held invalid, it is agreed that the balance shall, notwithstanding, continue in full legal force and effect.

Name of participant or parent or guardian (if a minor): \_\_\_\_\_

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