

# Activity Participation Agreement- Strength to Stand Conference

Name: \_\_\_\_\_ Social Security#: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_  
Birthdate: \_\_\_\_ / \_\_\_\_ / \_\_\_\_\_ Age: \_\_\_\_ Sex (M/F): \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_  
Zip: \_\_\_\_\_  
Parent/Guardian: \_\_\_\_\_  
HomePhone: (\_\_\_\_) \_\_\_\_\_ Cell1 (\_\_\_\_) \_\_\_\_\_ Cell2: \_\_\_\_\_  
(\_\_\_\_) \_\_\_\_\_ Secondary contact to notify in event of emergency: \_\_\_\_\_  
Their relationship to you: \_\_\_\_\_ Their phone: (\_\_\_\_) \_\_\_\_\_

**Please supply ALL of the following information.**

Medical Insurance Co.: \_\_\_\_\_  
Group# \_\_\_\_\_ Policy#: \_\_\_\_\_ Company Phone:(\_\_\_\_) \_\_\_\_\_  
Company address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Family Physician's Name: \_\_\_\_\_ Phone:(\_\_\_\_) \_\_\_\_\_

Physical Limitations (Asthma, diabetes, allergies, etc.), and/or special instructions (Allergic to certain meds, rare blood type, wears contact lenses, etc.):

List ALL medication taken on a regular basis and/or any bringing with you (Prescription meds MUST have a pharmacy label and name of doctor):

**Participation Agreement-** I hereby give permission to medical personnel selected by the participant's Church sponsor/his designee or conference staff to order X-rays, routine tests, and treatment for myself. In the event of an emergency and neither my primary contact nor secondary can be reached, I hereby give permission to the physician selected by the Authorized Agent to hospitalize, secure proper treatment, order injections and/or anesthesia and/or surgery to myself as named above. I further authorize the release of the above medical information to appropriate medical personnel and/or the health coverage insurance company. In addition, I have, and do hereby, release the church, its employees or agents from liability associated with participation in a church activity. I understand that if I do not have medical insurance, I, as the parent or guardian, will be responsible for any medical expenses in the event of a sickness and/or injury. I understand that there are risks involved in taking part in recreation activities and other activities related to participation in youth/children's functions. These risks include and may not be limited to, the following: sickness, bodily injury, death, emotional injury, personal injury, property damage and financial damage. Further, as parent/guardian of participant, I \_\_\_\_ (initials) **release and promise 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. I also assume financial responsibility \_\_\_\_ (initials) for any damage my child may cause including but not limited to providing transportation home should it become necessary for disciplinary reasons. I \_\_\_\_ (initials) give my permission to the Grace Point Fellowship church staff, its representatives, and the adult sponsors and chaperones to **search my child's personal belongings**, including but not limited to all luggage, purses, and backpacks, if deemed necessary on rare occasion for security reasons. 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.

Signature of Parent/ Guardian \_\_\_\_\_ Date \_\_\_\_\_