

Activity Participation Agreement 2018-2019

Name of sponsoring organization: **Sherwood Community Friends Church** _____

Address: **23264 SW Main St., Sherwood, OR 97140** _____

Church Telephone: **(503) 625-7879** _____

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

Name of participant: _____

Name of parents/guardians: _____

Address: _____

Best Number to Call: _____

Work Telephone: _____

Name of emergency contact: _____

Emergency Contact Telephone: _____

List allergies or medical conditions: _____

Is the Sponsor, or any other representatives authorized to (1) administer the Participant's routine medications, 'as needed' medications, and over-the-counter medications for minor illnesses or discomfort; (2) provide appropriate first aid for minor injuries; and (3) seek further treatment from local physician or hospital if condition warrants. In the event I cannot be reached in an emergency, I give permission to the physician selected by the Sponsor Coordinator to hospitalize, secure proper treatment for, and to order injection and/or anesthesia and/or surgery for the Participant named above. YES NO

Is participant covered by personal/family medical insurance? YES NO

If yes, name of insurer: _____

Policy or group number: _____

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 SHERWOOD COMMUNITY FRIEND CHURCH's ministry activities, 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 any other representatives. 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.

Should it be necessary for the participant to return home due to medical reasons, disciplinary action or otherwise, I hereby assume all transportation costs.

Parent/Guardian Signature: _____ Date: _____

Participant's Signature: _____ Date: _____

Media/Photography:

I give permission for SHERWOOD COMMUNITY FRIENDS CHURCH to use any photographs, video, or interview taken at the Activity to be used to illustrate, report, promote and advertise SHERWOOD COMMUNITY FRIENDS CHURCH . Permission defaults to SHERWOOD COMMUNITY FRIENDS CHURCH if a choice is not indicated. (If you select 'NO', your child will be excluded from the group photograph). YES NO

Parent/Guardian Signature: _____ Date: _____

Participant's Signature: _____ Date: _____

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