

First Assembly of God dba New Beginnings Church

2021 N Western Ave Liberal KS 67901

620-624-4479

Activity Participation Agreement

Ministry Sponsoring: Phone #:

Ministry Leader:

Date/Location/Time of Activity

Description of Activities:

Participant Information

(To be completed by a parent or an authorized guardian)

Name of Participant: _____ Email: _____

Address: _____ Telephone: _____

Name of Emergency contact: _____

Telephone: _____

Special Notes:

Ride Van Home Late: Yes No I will be picking my child up early: Yes No

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: _____

Participation Agreement By signing below, the participant (or parent/guardian if participant is a minor) **acknowledges and accepts** the **risks of physical injury** associated with participation in the activity described above. Except for **gross negligence** on the part of the sponsor and/or its representatives, including employees, and/or its volunteers, **the participant (or parent/guardian) accepts personal financial responsibility for any bodily or personal injury sustained during the activity.** Further, the participant (or parent/guardian) **promises to hold harmless the sponsor *First Assembly of God dba New Beginnings Church*** and its representatives, including employees, and its volunteers, for any injury related to the activity. 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 arbitration process.

(Participant or parent/guardian if participant is a minor)

Signature: _____ Date: _____

Is the participant on any Medication or allergic to anything: if so please list: _____

