

# Youth Event Participation Agreement

## EVENT INFORMATION:

Name of Event: \_\_\_\_\_ Event Dates: \_\_\_\_\_ to \_\_\_\_\_

Location: \_\_\_\_\_ Telephone #: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_

Description of Activity: \_\_\_\_\_

## PARTICIPANT INFORMATION:

Name of Participant: \_\_\_\_\_ DOB: \_\_\_\_\_

Name of Parent(s)/Legal Guardian(s): \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_

Name of Emergency Contact: \_\_\_\_\_

Daytime Telephone #: \_\_\_\_\_ Evening Telephone #: \_\_\_\_\_

## **MEDICAL:**

List allergies: \_\_\_\_\_

Current Medical Conditions/Restrictions: \_\_\_\_\_

Is "Event" leader or designee authorized to approve medical treatment?  Yes  NoIs participant covered by personal/family medical insurance?  Yes  No

If yes, Name of Insurer: \_\_\_\_\_ Policy #: \_\_\_\_\_

Primary Care Physician: \_\_\_\_\_ Phone #: \_\_\_\_\_

I acknowledge that participation in the activity described above may involve risk to the Participant 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 the activity described above (the "Activity"), the Participant 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 Chapel or its agents, employees, volunteers, or any other representatives. Further, the Participant (or parent/guardian) releases and promises to indemnify, defend, and hold harmless The Chapel or its agents, employees, volunteers, or any other representatives 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 Chapel, 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 Christian mediation or Christian binding arbitration.

By signing below I acknowledge that I have completely read and fully understand all conditions described in this agreement and consent to the above listed participant's involvement in said event.

Signature of Participant: \_\_\_\_\_ Date: \_\_\_\_\_

If participant is a minor –

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