



Activity Participation Agreement

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

Name of participant: _____

Name of parents/guardians: _____

Address: _____ Telephone: _____

Name of emergency contact: _____

Telephone (Day): _____ Telephone (Evening): _____

List allergies or medical conditions: _____

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

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 the activity described above (the "Activity"), 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 its agents, employees, volunteers, or any other representatives (collectively referred to hereinafter as the "Activity Sponsor"). 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.

I do hereby give my permission for my child to attend The Loft at EaglePoint Church on Wednesday afternoons. My child has permission to ride the church bus from Jacksonville High School to EaglePoint Church. It is my responsibility to provide my child's transportation from the church at the end of the activities at 7:30 p.m.

By signing this release, I agree that my child must follow all church rules in order to participate in The Loft. Failure to follow church rules could result in withdrawal from the program. A child does not have to attend every week to participate. It is my child's responsibility to board the bus at Jacksonville High School in a timely manner if he/she wishes to participate.

Signature: _____ Date: _____

Signature: _____ Date: _____

Signature: _____ Date: _____