

Activity Participation Agreement

ACTIVITY INFORMATION

(Please fill in all information. Some information may be found under the calendar tab.)

Name of sponsoring organization: FBT (FLORENCE BAPTIST TEMPLE

Address: 1898 FLORENCE PIKE, BURLINGTON, KY 41005 **Telephone:** (859) 586-6090

Name of sponsor coordinator: _____ Ph: () _____

Description of activity: _____

Date of activity: _____ Location of Activity: _____

Additional notes or requirements such as cost or attendance (see calendar): _____

PARTICIPANT INFORMATION

(To be completed by parent or legal guardian ONLY)

Name(s) of participant(s): _____

Address: _____

Name of parent/guardian: _____ Ph: () _____

Name of emergency contact: _____

Emergency contact phone: () _____

Does participant have any known allergies? If yes, please specify: _____

Is sponsor authorized to approve medical treatment? YES NO

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

If YES, name of insurance company: _____

Policy/Group #: _____

PARTICIPATION AGREEMENT

By signing below, the participant (or parent/legal guardian if participant is a minor) acknowledges and accepts the risks of physical injury associated with participating in the activity described above. Except for gross negligence on the part of the sponsor(s), the participant (or parent/legal guardian) accepts personal financial responsibility for any bodily or personal injury sustained during the activity. Further, the participant (or parent/legal guardian) agrees to hold harmless the sponsoring organization and its representatives for any injury related to the activity. If a dispute over the agreement or any claim for damages arises, the participant (or parent/legal guardian) agrees to resolve the matter through a mutually acceptable arbitration process.

Signature: _____ **Date:** _____

(Participant if over 18 OR parent/legal guardian if participant is a minor)