

ACTIVITY PARTICIPATION AGREEMENT

DATE OF EVENT: _____

Prosperity First Baptist Church

Address: 115 Wessinger Road, Prosperity, SC 29127 Phone: (803) 364-3315

PARTICIPANT INFORMATION

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

Name of participant: _____

Address: _____

Phone: _____

Name of emergency contact: _____

Telephone: _____

(Home)

(Work)

(Cell)

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 Number or group number: _____

PARTICIPANT 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 all activities of First Baptist Church. Except for gross negligence on the part of the sponsor, 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 sponsoring organization and its representatives 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.

Signature: _____

Date: _____

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