



Activity Participation Agreement

ACTIVITY INFORMATION (TO BE COMPLETED BY THE ACTIVITY SPONSOR)

Name of sponsoring organization: Sugar Grove Church

Address: 58512 Old C.R. 17, Goshen IN 46528 Phone: 574-875-5622

Name of sponsor's coordinator: Pastor Ashton Glod Phone: 630-877-1711

Description of activity: All Sugar Grove Church sponsored youth activities. (local events, camps & weekly programming)

Date(s) and location of activity: 08/01/2023 - 07/31/2024

PARTICIPANT INFORMATION (TO BE COMPLETED BY PARTICIPANT OR AUTHORIZED GUARDIAN)

Name of participant: _____

Name of parents/guardians: _____

Address: _____ Phone: _____

Name of emergency contact: _____

Telephone (daytime): _____ Phone (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 the participant's parents or guardians, if the participant is a minor), and may result in various types of injury including, but not limited to, the following: sickness, exposure to infectious/communicable disease, 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 the 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 as the "activity sponsor"). Further, the participant (or parent/guardian) releases and promises to indemnify, defend, and hold harmless the activity sponsor

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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.

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 alternative dispute resolution process. If the participant (or parent/guardian) and the activity sponsor cannot agree upon such a process, the dispute will be submitted to a three-member arbitration panel for resolution in accordance with the rules of the American Arbitration Association.

Activity Sponsor Signature: _____ Date: _____

Parent/Guradian Signature: _____ Date: _____

Student Signature: _____ Date: _____

Medicine Check-In

Please record any/all medicines your student will be bringing (including over-the-counter)

**All medical records will be kept confidential between Sugar Grove Staff and nurse*

Medicine #1

Name of Medicine: _____ Prescription Y / N

Dosage: _____ Interval: AS NEEDED / AM / LUNCH / DINNER / BED

Additional Instructions: _____

Medicine #2

Name of Medicine: _____ Prescription Y / N

Dosage: _____ Interval: AS NEEDED / AM / LUNCH / DINNER / BED

Additional Instructions: _____

Medicine #3

Name of Medicine: _____ Prescription Y / N

Dosage: _____ Interval: AS NEEDED / AM / LUNCH / DINNER / BED

Additional Instructions: _____