

Activity Participation Agreement

Activity Information

(To be completed by the activity sponsor)

Name of sponsoring organization: _____
Address: _____ Telephone: _____
Name of sponsor's coordinator: _____ Telephone: _____
Description of activity: _____
Date(s) and location of activity: _____

Participant Information

(To be completed by participant or authorized guardian)

Name of participant: _____
Address: _____ Telephone: _____
Name of emergency contact: _____
Telephone (daytime): _____ Telephone (evening): _____

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

In consideration for the opportunity to participate in the above 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 sustained during the activity or during transportation to and from the activity. Further, the Participant (or parent/guardian) promises to indemnify, defend, and hold harmless the activity sponsor or its agents, employees, volunteers, or any other representatives (collectively referred to hereinafter as the "Sponsor") for any injury related 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 Sponsor 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 Sponsor cannot agree upon such a process, the dispute will be submitted to a three-member arbitration panel of the American Arbitration Association for final resolution.

Signature: _____ Date: _____
(Participant or parent/guardian if participant is a minor)