

# Bethel Baptist Student Ministry Activity Participation Agreement

## PARTICIPANT INFORMATION

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

Name of participant: \_\_\_\_\_

Address: \_\_\_\_\_ Telephone: \_\_\_\_\_

Name of emergency contact: \_\_\_\_\_ Telephone: \_\_\_\_\_

Telephone: \_\_\_\_\_  
*(Day) (Evening) (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 or group number: \_\_\_\_\_

Participant has my permission to travel with a Bethel Adult to Activities sponsored by the Church.  Yes  No

Participant or Guardian gives permission to Bethel Baptist church that photographs taken during student events can be used for purposes of publicity and promotion for the Bethel Student Ministry.  Yes  No

## PARTICIPATION 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 the activity described above. 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)*