

CCF ACTIVITY PARTICIPATION AGREEMENT

ACTIVITY INFORMATION (TO BE COMPLETED BY THE ACTIVITY SPONSOR)

Name of sponsoring CCF Department (i.e., Youth, Children's Ministry): _____
Address: 6317 Vint Hill Road, New Baltimore, VA 20187 Phone: 540-428-2924
Name of Sponsor's Coordinator: _____ Phone: _____
Description of the Activity: _____
Date(s) and location of the activity: _____

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): _____ Telephone (evening): _____
List of 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: _____

PARTICIPANT 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 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 activity sponsor, the participant, or otherwise.

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Continued

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 alternative dispute 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.

Signature: _____ Date: _____

Signature: _____ Date: _____

Signature: _____ Date: _____

(participant and/or parent/guardians if participant is a minor)