

TRI-CITY BAPTIST CHURCH
ACTIVITY PARTICIPATION
AND MEDICAL RELEASE AGREEMENT

Name of sponsoring organization: Tri-City Baptist Church

Address: 6953 W. 92nd Lane, Westminster, CO 80021

Name of sponsor coordinator: _____

Description of activity: _____

Date(s) and location of activities: _____

PARTICIPANT INFORMATION

(To be completed by participant or an authorized guardian)

Name of participant: _____

Address: _____

Name of emergency contact: _____

Telephone: _____

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

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 and understands that 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: _____