Branch Youth Participation Agreement

| Name of sponsoring organization: | |
|---|--|
| Address: | Phone: |
| Name of sponsor's coordinator: | Phone: |
| Description of activity: | |
| Date(s) and location of activity: | |
| PARTICIPANT INFORMATION (TO BE COMPLETED BY P | |
| 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 insurar | nce? Yes No |
| If yes, name of insurer: | |
| Policy or group number: | |
| PARTICIPATION AGREEMENT I acknowledge that participation in the activity described above in guardians, if the participant is a minor), and may result in various ty exposure to infectious/communicable disease, bodily injury, death, damage. | ypes of injury including, but not limited to, the following: sickness, |
| In consideration for the opportunity to participate in the activity de if the participant is a minor) acknowledges and accepts the risks of from the activity. The participant (or parent/guardian) accepts persoduring the activity or during transportation to and from the activity that is authorized by the sponsor or its agents, employees, volunt "activity sponsor"). Further, the participant (or parent/guardian) reactivity sponsor for any injury arising directly or indirectly out of whether such injury arises out of the negligence of the activity sponsor | f injury associated with participation in and transportation to and sonal financial responsibility for any injury or other loss sustained as well as for any medical treatment rendered to the participant eers, or any other representatives (collectively referred to as the eleases and promises to indemnify, defend, and hold harmless the the described activity or transportation to and from the activity, |
| If a dispute over this agreement or any claim for damages arises, through a mutually acceptable alternative dispute resolution proce cannot agree upon such a process, the dispute will be submitted twith the rules of the American Arbitration Association. | ss. If the participant (or parent/guardian) and the activity sponsor |
| Signature: | Date: |
| Signature: | Date: |

__ Date: ____

Signature: ___