



GRACE BAPTIST CHURCH

ACTIVITY PARTICIPATION LIABILITY WAIVER AGREEMENT

Activity Information Journey 2020

Name/title of sponsor's coordinator: Nolan Rumble Telephone: 919-272-5255

Description of Activity: Worship and Teaching at church, Lodging/transportation to and from Host Homes, Free time activity arranged by Host Home

Date(s) and location of Activity: February 28-March 1 at Grace Baptist Church and Host Homes

Participant Information (To be completed by Participant or parent/ guardian if Participant is a minor)

Name of Participant: _____ Age: _____ Grade: _____

Email: _____

Name of Participant: _____ Age: _____ Grade: _____

Email: _____

Name of Participant: _____ Age: _____ Grade: _____

Email: _____

Name of Participant: _____ Age: _____ Grade: _____

Email: _____

Name of parents/guardians: _____

Address: _____ Cell Phone: _____

Email: _____

Name of emergency contact: _____

Cell Phone: _____ Home Phone: _____

List allergies or medical conditions: _____

Do you authorize Activity Sponsor approve any necessary medical treatment? Yes No

Is Participant covered by personal/family medical insurance? Yes No

If yes, name of insurer: _____ Policy or group number: _____



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Assumption of Risk, Release & Waiver of Liability, Indemnity Agreement & Permission to Use Likeness/Name

I acknowledge that participation in the Activity described above involves risk to the Participant (and to Participant’s parent/guardian if Participant is a minor), and may result in various types of injury including, but not limited to, the following: sickness, bodily injury, death, emotional injury, property damage and financial damage. Participant is qualified, in good health, and in proper physical condition to participate in Activity.

In consideration for the opportunity to participate in the Activity described above (the “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 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 hereinafter 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 negligence of the Activity Sponsor, the Participant, 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 Activity Sponsor cannot agree upon such a process, the dispute will be submitted to a three-member arbitration panel for resolution pursuant to the rules of the American Arbitration Association. I expressly agree that this agreement is intended to be as broad and inclusive as is permitted by the law of the Commonwealth of Virginia and that if any portion thereof is held invalid, it is agreed that the remaining provisions of the agreement shall continue in full legal force and effect.

I fully understand that as a Participant, my child may be photographed or videotaped during this Activity. I agree to allow, without compensation, such photos and videos, as well as other methods of likeness, to appear and to otherwise be used in promotional material in the future.

Parents/Guardians:

Print Name: _____

Signature: _____ Date: _____

Print Name: _____

Signature: _____ Date: _____

Participant:

Print Name: _____

Signature: _____ Date: _____