Activity Participation Agreement

Name of sponsoring organization: St. Paul	Youth Group	
Address: 308 Oak Manor Drive, Glen Burnie, MD 21061	Telephone:	410-766-2283
Name of sponsorøs coordinator: Jake Bidwell	Cell:	262-623-7105
Description of activity: General Youth Activities		
Date(s) of activity: All general activity dates		
Location of activity: 308 Oak Manor Drive, Glen Burnie, MD	21061	
Participant Information (To be completed by participant or authorized gu	ıardian)	
Name of participant:		
Name of parents/guardians:		
Address:	elephone:	
Name of emergency contact:	1	
Telephone (Day):	elephone (eveni	ng):
List 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:		
guardians, if Participant is a minor), and may result in various types of injury sickness, bodily injury, death, emotional injury, personal injury, property dam In consideration for the opportunity to participate in the activity described abort parent/guardian if Participant is a minor) acknowledges and accepts the risks of transportation to and from the Activity. The Participant (or parent/guardian) a injury or other loss sustained during the Activity or during transportation to an treatment rendered to the Participant that is authorized by the Sponsor or its a representatives (collectively referred to hereinafter as the õActivity Sponsorö) releases and promises to indemnify, defend, and hold harmless the Activity Spont of the described Activity or transportation to and from the Activity, wheth Activity Sponsor, the Participant, or otherwise. If a dispute over this agreement or any claim for damages arises, the Participat through a mutually acceptable alternative dispute resolution process. If the Pa Sponsor cannot agree upon such a process, the dispute will be submitted to a feature of the participant of the described process.	nage and financial of ove (the õActivityö of injury associated accepts personal financial from the activity gents, employees, vol. Further, the Partiponsor for any injurier such injury arise ant (or parent/guard articipant (or parent	damage.), the Participant (or a with participation in and ancial responsibility for any as well as for any medical volunteers, or any other acipant (or parent/guardian) ary arising directly or indirectly es out of the negligence of the ian) agrees to resolve the matter aguardian) and the Activity
pursuant to the rules of the American Arbitration Association.	_	
Signature:	Date:	
Signature:	Date:	
Signature:	Date:	

(Participant and/or ALL parent/guardians if participant is a minor) $\mbox{Revised }09\mbox{-}2013$

Activity Information (To be completed by the activity sponsor)