



# Monocacy Valley Church

9861 Old National Pike  
Ijamsville, MD 21754

## Activity Participation Agreement

### ACTIVITY INFORMATION

(To be completed by the activity sponsor)

Name of sponsoring organization: \_\_\_\_\_

Address: \_\_\_\_\_ Telephone: \_\_\_\_\_

Name of sponsor/coordinator: \_\_\_\_\_ Telephone: \_\_\_\_\_

Description of Activity: \_\_\_\_\_  
\_\_\_\_\_

Date(s) and location of activity: \_\_\_\_\_  
\_\_\_\_\_

### PARTICIPANT INFORMATION

(to be completed by participant or authorized guardian)

Name of participant: \_\_\_\_\_

Address: \_\_\_\_\_ Telephone: \_\_\_\_\_

Name of emergency contact: \_\_\_\_\_

Telephone: \_\_\_\_\_  
*Day* *Evening*

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. Except for gross negligence on the part of the sponsor, 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: \_\_\_\_\_