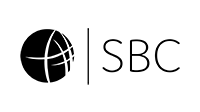
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**Activity Participation Agreement**

**Activity Information**

*(To be completed by the activity sponsor)*

Name of sponsoring organization: **Scottsdale Bible Church**

Address: **7601 E. Shea Blvd. Scottsdale, AZ 85259** Phone:  **480.824.7200**

Name of sponsor’s coordinator: Phone:  **480.824.7280**

Description of activity:

Date(s) and location of activity:

**Participant Information**

*(To be completed by adult participant or legal guardian)*

Name of participant:If minor, name of guardian:

Address:Phone:

Name of emergency contact:

Phone (daytime): Phone (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:

Please list any allergies or special medical conditions we should be aware of:

Does participant requires prescription medications to be administered while at activity? □ Yes □ No

(If “Yes” checked above, a Prescription Medication Authorization Form will be emailed to you and must be completed prior to participation in activity).

**Activity Participation Agreement**

I acknowledge that participation in the activity described above involves risk to the participant (and to the participant’s parents or guardians, if the 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, personal injury, property damage, and financial damage.

In consideration for the opportunity to participate in the activity described above (the “activity”), the participant (or parent/guardian if the 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 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 in accordance with the rules of the American Arbitration Association.

**I have read, understand and voluntarily agree to the terms and conditions herein:**

Signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(*Participant or parent/guardian if participant is a minor)*