

Feed My Starving Children

Friday, May 24, from 7:00 – 11:00 p.m.

Name	Grade	DOB
Address		Phone
Parent/Guardian Name	Home Phone	Cell/Emergency Phone
Emergency Contact (If different from above)	Home Phone	Email
Special Instructions (Allergies/medical information or other concerns):		

Is sponsor authorized to approve medical treatment? Yes No

Is participant covered by personal/family insurance? Yes No

If yes, name of insurer: _____

Policy or group number: _____

Participation Agreement

I acknowledge that participation in the activity described above involves risk to the Participant (and to Participant's parents or guardians, 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, 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 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.

Parent/Guardian Signature (required)

Date

Covenant

- I will behave in a Christ-like manner.
- I will treat others with respect and dignity
- I will participate in all group activities.
- I will clean up after myself.
- I will not destroy other people's property or commit vandalism. I will use the facilities made available to me with care. If I hurt or accidentally damage property, I will take responsibility for the damage done and inform an advisor immediately.
- I will not have inappropriate physical contact with others.
- I will remain for the duration of the entire event.

Participant Signature (required)

Date

Parent/Guardian Signature (required)

Date