

Faith Landmarks Ministries Activity Participation Agreement

ACTIVITY INFORMATION

(To be completed by the Department sponsoring the activity)

Department: Youth Special Events
Name of Department Head or Leader in Charge: Jimmy and Penny Taylor
Home Phone: 746-8111 Cell Phone: 539-2497
Description of activity: _____
Date(s), time, and location of activity: _____

PARTICIPANT INFORMATION

(To be completed by participant or an authorized guardian)

Name of participant: _____
Address: _____
Parent/Guardian: _____
Home Phone: _____ Work Phone: _____
Name of emergency contact: _____
Telephone: _____
(Day) *(Evening)*

Is FLM representative authorized to approve medical treatment? Yes No

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

Health Insurance Company and policy or group number: _____

Family Physician: _____

Address: _____ Phone: _____

Please list any medical problems or concerns: _____

Current medications begin taken (e.g., for allergies, etc.): _____

Date of last Tetanus shot: _____

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 FLM, 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 FLM 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.

I also give permission for my child to receive any and all medical attention necessary in the event of an accident, injury, sickness, etc., under the direction of Faith Landmarks Ministries or Victory Christian Academy, and/or person(s) listed above, until such time as I may be contacted. I also hereby assume any financial responsibility for any such medical treatment. My child is in good health.

The participant (or parent/guardian) agrees to follow all rules given by FLM leaders, of which may be subject to change in order to manage the safety and well being of all participants involved.

Signature: _____ Date: _____

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