



**Activity Participation Agreement
Waiver & Release of Liability and
Indemnification Form**

Activity Information *(To be completed by the activity sponsor)*

Name of sponsoring organization: MITCHELL ROAD PRESBYTERIAN CHURCH

Address: 207 Mitchell Road Greenville, SC 29615 Telephone: 864.268.2218

Name of Ministry Sponsor: _____ Telephone: _____

Description of activity: _____

Location(s) of activity: _____

Date(s) Applicable *(not to exceed 12 months)*: From _____ To: _____

Participant Information *(To be completed by participant or parent / legal guardian)*

Name of participant: _____ Age _____

Name of parents/guardians *(if applicable)*: _____

Address: _____ Phone #: _____

Name & Relationship of emergency contact: _____

Telephone (Day): _____ Telephone (evening): _____

List allergies or medical conditions: _____

Is the ministry sponsor authorized to approve medical treatment? Yes No

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

If yes, name of insurance provider: _____

Policy or group number: _____

Participation Agreement

I, the undersigned participant (or parent / legal guardian of a participating minor child under age 18) named above, acknowledge, understand, and agree that:

1. Voluntarily and of my own free will, I elect to participate (and/or for my minor child to participate) in a ministry activity sponsored by Mitchell Road Presbyterian Church.
2. I understand that by attending and/or participating in a ministry activity there can potentially involve 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: personal injury, bodily injury, sickness, death, emotional injury, property and/or financial damages.

3. In consideration for the privilege and opportunity to participate in the activity described above (“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”).
4. Furthermore, 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 or the Participant.
5. 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.

I acknowledge that I have read and that I understand each and every provision in this wavier, release of liability and indemnification agreement and agree to abide by them.

If participant is over age 18, please print and sign below:

Participant Name (print) _____ Date _____

Signature of Participant _____

If participant is under age 18, please print and sign below:

Parent/guardian name (print) _____

Signature of Parent/Guardian _____ Date _____

Signature of Ministry Sponsor _____ Date _____