



Chi Alpha Campus Ministries, U.S.A.

1445 N. Boonville Ave. Springfield, MO 65802 (417) 862-2781

Activity Participation Agreement

(No participants under the age of 18)

Sponsor: _____ Chi Alpha Campus Ministries, U.S.A. a Department of Assemblies of God U.S. Missions a Division of the General Council of the Assemblies of God (hereinafter collectively referred to as "Sponsor".)

Description of Activities: _____

Date and Location of Activities: _____

Participant Information

Name of Participant: _____ Email: _____

Address: _____ Phone Number: _____

Name of Emergency Contact: _____

Phone Number: _____
(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 **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 and/or its, directors, officers, representatives, employees, agents and volunteers, **the participant accepts personal responsibility, including financial responsibility, for any bodily or personal injury sustained during the activity.** Further, the participant **hereby holds harmless the Sponsor** and its directors, officers, representatives, employees, agents and volunteers, for any injury, including death, related to the activity.

Any dispute of the terms of this agreement or any claim for damages, the participant agrees to resolve the matter through a mutually acceptable arbitration process.

Signature: _____ Date: _____
(Participant)

Is the participant on any Medication or allergic to anything? Yes* No

***If Yes, please list:** _____