

Activity Participation Agreement

Activity Information

Group: _____ Date(s) of Activity: _____
Group Leader: _____ Phone: _____
Location and Details of Activity: _____
Staff Oversight: _____

Participant Information

(Parent / authorized guardian – please complete)

Name of participant: _____ Home Phone: _____
Address: _____
Name of emergency contact: _____ Relationship: _____
We should try to reach you in the following order:
1. _____ 2. _____ 3. _____
Please circle: Home / Work / Cell Home / Work / Cell Home / Work / Cell

Additional emergency contact: _____ Phone: _____
Is sponsor authorized to approve medical and dental treatment? Yes No
Is participant covered by personal / family medical / dental insurance? Yes No
If yes, name of insurer(s): _____ Policy or group #: _____

Please list any allergies, required medications, or pre-existing medical conditions or concerns we should be aware of:

Participant Agreement

By signing below, I the participant (parent/guardian, if participant is a minor) acknowledge and accept the risks of any physical injury associated with participation in the activity describe above. To the fullest extent permitted by law, I release Bible Fellowship, any and all of its representatives from any injury, harm, damage or death which may occur to myself or my minor child while participating in the activity and agree to save and hold harmless Bible Fellowship, any and all of its representatives from any claims arising out of myself or my minor child's participation in the activity. I, the participant (or parent/guardian) accept personal financial responsibility for any bodily or personal injury sustained during 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. In the event I cannot be reached in an emergency, I give permission to the activity leader to make the decisions necessary for treatment. Should there be no activity leader available, I give permission to the attending physician to treat my minor child. For myself or as parent or legal guardian, I understand that I am responsible for the health care decisions of my minor child and agree that my insurance plan is the primary plan to pay for the medical, dental, or hospital care or treatment that is given to my minor child. Any insurance policy of the church or organization sponsoring this event will be used as the secondary coverage. If suspicion arises, I hereby give the representatives of Bible Fellowship; paid and/or volunteer staff permission to search the above-mentioned child's belongings for controlled substances or weapons. I also understand that pictures, video recordings, and audio recordings of my child may be made at this event for use on Bible Fellowship's website or other promotional materials.

Note: BFC will staff this activity with adults who have been certified through our KidsSafe Child Protection Policy. However, please note that if this is a large, open activity, there may be outside adults (i.e., family members) joining the group for this activity who would not have met those requirements.

Signature: _____ Date: _____
(Participant or parent / guardian, if participant is a minor)

Parent Tear-Off

Activity Participation -- Bible Fellowship Church, 725 Oxford Valley Road, Yardley, PA 19067 Phone: 215-321-3326

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