

# WOODLAKE UNITED METHODIST CHURCH ACTIVITY PARTICIPATION AGREEMENT

## ACTIVITY INFORMATION

[Revised September 2007]

*(To be completed by the activity sponsor)*

**Name of sponsoring organization:** Woodlake United Methodist Church

**Address:** 6601 Woodlake Village Parkway, Midlothian, VA 23112 **Phone:** 804-739-4535

**Name of sponsor coordinator:** Amy Beckwith **Phone:** 571-212-1193 cell

**Description of activity:** Richmond Zoo

**Date(s):** Saturday, October 29<sup>th</sup>, 12:30-7pm **Location of activity:** Woodlake Campus/Richmond Zoo

**Information:** Join us for a trip to the zoo with the Uganda Children's Choir on Saturday, Oct 29th. The cost is \$12 and we'll have dinner and a movie when we arrive back at the church. Meet at the Woodlake campus at 12:30 pm and the event ends at 7 pm.

## PARTICIPANT INFORMATION

*(To be completed by participant or an authorized guardian)*

**Name of participant:** \_\_\_\_\_

**Address:** \_\_\_\_\_ **Home#** \_\_\_\_\_  
(Street) (City) (State) (Zip Code)

**Name of emergency contact:** \_\_\_\_\_ **Work #** \_\_\_\_\_ **Cell#** \_\_\_\_\_

**Known Allergies or Medical Conditions:** \_\_\_\_\_

**Physician:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

**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

In consideration for the opportunity to participate in the 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 sustained during the activity or during transportation to and from the activity. Further, the Participant (or parent/guardian) promises to indemnify, defend, and hold harmless the activity sponsor or its agents, employees, volunteers, or any other representatives (collectively referred to hereinafter as the "Sponsor") for any injury related 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 Sponsor 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 Sponsor cannot agree upon such a process, the dispute will be submitted to a three-member arbitration panel of the American Arbitration Association for final resolution.

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_  
*(Participant or parent/guardian if participant is a minor)*