



Calvary Missionary Baptist Church

P.O. Box 34, Sheridan, AR 72150

Church Phone: (870) 942-2655

Gym Phone: (870) 942-9902

We are excited to have your child be a part of our program! Please help us keep your child safe and allow your child to participate in all of the activities offered by filling out the activity participation agreement below for the 2017-2018 year:

Child's Name _____ Age _____ Grade _____

Address _____

Home Phone # _____ Cell Phone # _____

Family Physician _____ Phone # _____

Emergency Contact (Name and Number) _____

Medical Conditions _____

Please explain and list any medications taken for any conditions listed above:

Please check box if you are willing to grant permission for your child's photo to be placed on our church website: www.calvarymbchurch.com

By signing this form you are granting permission to seek and administer emergency medical treatment when a parent/guardian is unavailable.

Parent/Guardian Signature

Date

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:

I acknowledge that participation in the activity described above involves 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: sickness, bodily injury, death, emotional injury, personal injury, property damage and financial damage. In consideration for the opportunity to participate in the activity described above (the "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").

Further, 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, the Participant, 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 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.

Parent/Guardian Signature

Date

Parent/Guardian Signature

Date
