

Glen Mar United Methodist Church
2016-2017 Youth Ministry
Activity Participation Agreement and Medical Waiver Form

Participant Information

Name of participant: _____

Name of parents/guardians: _____

Address: _____

Phone: _____ Alternate phone: _____

Emergency contact: _____ Relationship: _____

Phone: _____ Alternate phone: _____

Allergies/medical conditions: _____

Is ministry leader authorized to approve medical treatment? Yes No

Is participant covered by medical insurance? Yes No

Name of insurer: _____

Policy or group number: _____

Participation Agreement

I, the undersigned parent/guardian of _____, grant permission for my above named child (the Participant) to participate in activities sponsored by Glen Mar United Methodist Church of Ellicott City, MD, Middle School and High School Youth Ministry, September 1, 2016 – August 31, 2017. I give permission for the Participant to ride in any vehicle designated by the activity leader while attending and participating in activities sponsored by Glen Mar United Methodist Church.

I acknowledge that participation in youth activities and events may involve risk to the Participant, and may result in various types of injury. I accept the risks of injury associated with participation in youth activities and transportation to and from authorized activities. I accept personal financial responsibility for any injury or other loss sustained during youth activities and transportation to and from authorized activities, as well as for any medical treatment rendered to the Participant that is authorized by the ministry leader or its agents, employees, volunteers, or any other representatives (collectively referred to hereinafter as the "Activity Sponsor"). Further, I release and promise to indemnify, defend, and hold harmless the Activity Sponsor from any injury arising directly or indirectly out of youth activities or transportation to and from authorized activities, 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, I agree to resolve the matter through a mutually acceptable alternative dispute resolution process. If the 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: _____