

Activity Participation Agreement

Form #: FMT_201102_02_200102 First Approved: 2/26/01 as OP-01-03

Approved: 02/28/2011

Activity Information (To be completed by the activity sponsor)

Description of activity: Dodgeball Tournament

Shannon Neill Telephone: 719-640-8353

Justin Landry Telephone: 719-964-7821

Name of sponsor's coordinator: Jeffrey Meinz Telephone: 719-596-0661

Dates(s) and location of activity: Sun, Nov, 13th, 2011 Mitchell High School, 1205 Potter Dr., Colorado Spgs CO 80909

Participation Information (To be completed by participant or authorized guardian)

Name of participant: _____

Name of parents/guardians: _____ Address: _____

Telephone (day): _____ Telephone (evening): _____

Name of emergency contact: _____

Telephone (day): _____ Telephone (evening): _____

Is sponsor authorized to approve medical treatment? (circle) Yes No

Is participant covered by personal/family medical insurance (circle) Yes No

If yes, name of insurer: _____

Policy or group number: _____

Participant Agreement:

I acknowledge that participation in the activity described above involves risk to the Participant 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.

I, individually and in my capacities as parent, guardian, or responsible person for the child(ren) waive and release the church and its agents, directors, officers, employees, and volunteers (collectively, the "Released parties") from all claims or liability which have arisen or may arise from any church activity or trip and which involves damages, loss, or injury to me, my spouse, any of my children, my property, or the property of my children. In the same capacities, I promise not to sue any of the Released Parties for any such claims or liability. This waiver, release, and promise not to sue, does not apply to claims of criminal conduct or gross negligence.

Photo-Imaging/Pictures:

I understand that as my child/youth or I participate in events and activities at Holy Cross Lutheran Church that photographs will be taken by church members or contract photographers to record these events. I allow Holy Cross to take pictures/testimonies of my child/youth or myself while participating in these events. Holy Cross may use these photos in publicity and promotion.

Holy Cross discourages and is not responsible for pictures taken by adults, youth or children of each other with their own cameras/cell phones or by non-church photographers. Accordingly, Holy Cross is not responsible for the transmission or sharing of images electronically by non-church photographers on the internet or through any forms of social media.

Participant Signature: _____ Date: _____

Parent or Guardians
Signature: _____ Date: _____

Parent or Guardians
Signature: _____ Date: _____

(Participant and /or All parent/guardians if participant is a minor)

- The Medical Release Form must be filled out or be on file before the participant can participate in the activity.