

## Medora Christian Church Participation Agreement

Name of sponsoring organization: **MEDORA CHRISTIAN CHURCH**

Address: **76 S. GEORGE ST./PO BOX 237 MEDORA, IN 47260**

Phone: **812-966-5034**

Name of sponsor's coordinator: **ROB JOHNSON**

Phone: **812-498-4751**

### PARTICIPANT INFORMATION (TO BE COMPLETED BY PARTICIPANT OR AUTHORIZED GUARDIAN)

Name of participant: \_\_\_\_\_ Name of parents/guardians: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Name of emergency contact: \_\_\_\_\_

Telephone (daytime): \_\_\_\_\_ Telephone (evening): \_\_\_\_\_

List allergies or medical conditions: \_\_\_\_\_

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 the participant's parents or guardians, if the participant is a minor), and may result in various types of injury including, but not limited to, the following: sickness, exposure to infectious/communicable disease, 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 the 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 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 in accordance with the rules of the American Arbitration Association.

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Photo/Video Use Agreement**

I, \_\_\_\_\_ (“PARTICIPANT/GUARDIAN”), hereby grant, voluntarily and with full understanding, to **MEDORA CHRISTIAN CHURCH**, a license to the following:

1. Use and storage of my name and image, by means of digital or film photography, audio recording or other documentation, with respect to the activity, namely any/all events of Church.
2. Use of any stored data including my name and image in printed and electronic publications of Church.
3. Use of any stored data including my name and image in any Web site created by or for Church for its sole benefit.
4. If I am signing this agreement on behalf of a minor child, I hereby warrant that I am the legal parent or guardian of the child and that I have the legal authority to sign this agreement on behalf of the child.
5. 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 I cannot agree with Church upon such a process, the dispute will be submitted to a three-member arbitration panel of the American Arbitration Association for final resolution.

**Parent’s or guardian’s signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_  
 (If the above-named person is under 18)

**Parent’s name (please print):** \_\_\_\_\_

<b>2023 MCC summer events</b>		
<b>Date</b>	<b>Event</b>	<b>Plan on attending (yes/no)</b>
<b>6/7/23</b>	<b>Summer kickoff</b>	_____
<b>6/12-16/23</b>	<b>Vacation Bible School</b>	_____
<b>6/21/23</b>	<b>Louisville Zoo</b>	_____
<b>6/28/23</b>	<b>WW (Sports)</b>	_____
<b>7/5/23</b>	<b>WW (Video Games)</b>	_____
<b>7/12/23</b>	<b>WW (Arts and Crafts)</b>	_____
<b>7/19/23</b>	<b>WW (TBA)</b>	_____
<b>7/26/23</b>	<b>Jackson County Fair</b>	_____