

# Activity Participation Agreement

Gateway Fellowship, SBC  
60 N. Recker Rd.; Gilbert, AZ 85234  
480-892-4711

## Activity Information

*(To be completed by the activity sponsor)*

Name of sponsoring ministry or organization: \_\_\_\_\_ Gateway Student Ministry \_\_\_\_\_

Name of ministry/organization contact: \_\_\_\_\_ Joey H Baysinger \_\_\_\_\_ Ph. 480-390-

7353 \_\_\_\_\_ scription of activity:

\_\_\_\_\_

Date(s) and location of activity: \_\_\_\_\_

Other information: \_\_\_\_\_

## Participant Information

*(To be completed by participant or authorized parent/guardian)*

Name of participant: \_\_\_\_\_ Ph. \_\_\_\_\_

Address: \_\_\_\_\_ City & State \_\_\_\_\_

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

Phone (day): \_\_\_\_\_ Phone (evening): \_\_\_\_\_

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 in 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. I also understand that as a participant, I or my child may be photographed or videotaped during these activities and such media may be used in promotional materials. I or my child will be excluded from photographs/video by checking the box below.

Exclude from photo/video

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