



# HSM Local Participation Agreement

**Activity Information** (to be completed by the activity sponsor, Creekside Christian Church)

Name of sponsor's coordinator: Steven Rossi Telephone: (916) 685-4821 ext. 140

Activities include but are not limited to: Walking, games, running, transportation by car, interaction with homeless (for UGM)

Date(s) of activity: June 1, 2019 thru May 30, 2020 at Creekside Church, Elk Grove campus and/or Sacramento area

**Participation Information** (to be completed by participant or authorized parent / guardian)

Name of participant: \_\_\_\_\_ (Circle one) Male Female

Birthdate: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Alt. Phone: \_\_\_\_\_

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

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

Email: \_\_\_\_\_

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

Telephone: \_\_\_\_\_ Alt. Telephone: \_\_\_\_\_

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

Is sponsor authorized to approve medical treatment? (Circle one) YES NO

Is participant covered by personal / family medical insurance? (Circle one) YES NO

If yes, name of insurer: \_\_\_\_\_

Policy or group number: \_\_\_\_\_

**Participation Agreement**

I acknowledge that participation in the activity described above involves known & unknown risks 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, 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. **(Participant and/or ALL parent/guardians if participant is a minor)**

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

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

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