

Illustration G

ACTIVITY PARTICIPATION AGREEMENT

Activity Information

(To be completed by the activity sponsor)

Name of sponsoring organization: _____

Address: _____ Phone: _____

Name of sponsor coordinator: _____ Phone: _____

Description of activity: _____

Date(s) and location of activity: _____

Participant Information

(To be completed by participant or an authorized guardian)

Name of participant: _____

Address: _____ Phone: _____

Name of emergency contact: _____

Phone: _____

(Day)

(Evening)

Is sponsor authorized to approved 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

By signing below, the participant (or parent/guardian if participant is a minor) acknowledges and accepts the risks of physical injury associated with participation in the activity described above. Except for gross negligence on the part of the sponsor, the participant (or parent/guardian) accepts personal financial responsibility for any bodily or personal injury sustained during the activity. Further, the participant (or parent/guardian) promises to hold harmless the sponsoring organization and its representatives for any injury related to the activity.

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 arbitration process.

Signature of participant or parent/guardian if participant is a minor

Date

This form provided by Brotherhood Mutual Insurance Company.