

Activity Participation Agreement

This sample agreement should be reviewed and approved by your attorney prior to use.

Activity Information

(To be completed by the activity sponsor)

Name of sponsoring organization: _____

Address: _____ Telephone: _____

Name of sponsor's coordinator: _____ Telephone: _____

Description of activity: _____

Date (s) and location of activity: _____

Participant Information

(To be completed by participant or authorized guardian)

Name of participant: _____

Address: _____ Telephone: _____

Name of emergency contact: _____

Telephone (daytime): _____ Telephone (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 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 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.

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 Sponsor cannot agree upon such a process, the dispute will be submitted to a three-member arbitration panel of the American Arbitration Association for final resolution.

Signature: _____ Date _____

(Participant or parent/guardian if participant is a minor)