

Madison Square Church

Activity Participation Form

Name of sponsoring organization: **Madison Square Church**
Address: 1441 Madison SE, Grand Rapids MI 49507 • Phone: 245-7791
Name of sponsor's coordinator **Dawn Niewenhuis** Phone: 458-9229
Description of activity: Homeschool Ministry Classes
Date(s) of activity Wednesdays

Participant Information

(To be completed by participant or authorized guardian)

Name of participant _____
Address: _____ Phone _____
Name of parents/guardians: _____
Name of emergency contact (if other than parents/guardians): _____
Phone (daytime): _____ 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

I acknowledge that participation in the activity described above involves risk to the Participant (and to Participant's parents or guardians, if 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.

Signature: _____ Date: _____
(Participant or parent/guardian if participant is a minor)