

**New Life Presbyterian Church
2015 S. Limekiln Pike, Dresher, PA 19025**

**Youth Ministry Activity Participation Agreement
January 1, 2010 – December 31, 2010
ACTIVITY INFORMATION**

(To be completed by the ministry sponsoring the activity.)

Ministry: Youth Ministry
Name of Ministry Leader : Corby Shields and/or Jesse Robinson
Description of activity: Youth sponsored activities
Date(s), time, and location of activity: Yearly Participation Agreement

PARTICIPANT INFORMATION

(To be completed by participant or an authorized guardian)

Name of participant: _____
Address: _____
Parent/Guardian: _____
Home Phone: _____ Work Phone: _____
Name of emergency contact: _____
Telephone: (Day) _____ (Evening) _____

Is New Life Dresher representative authorized to approve medical treatment? Yes No

Is participant covered by personal/family medical insurance? Yes No

Health Insurance Company and policy or group number: _____

Family Physician: _____

Address: _____ Phone: _____

Please list any medical problems or concerns: _____

Current medications begin taken (e.g., for allergies, etc.): _____

Date of last Tetanus shot: _____

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: _____
(Participant or parent/guardian if participant is a minor) 1/2010

Date: _____