

Warren County Christian School Activity Participation Agreement

Activity Information

Name of Sponsoring Organization: Warren County Christian School
Address: 165 Mead Run Rd. Youngsville, PA 16371 Phone: 814-563-4457
Sponsor's Representative: WCCS Staff
Description of Activity: Field Trips and/or Sporting Events

Participant Information

(to be completed by participant or authorized guardian)

Name of Participant: _____
Address: _____ Phone: _____
Name of Emergency Contact: _____
Day Phone: (____) _____ Night Phone: (____) _____ Cell Phone: (____) _____
Is sponsor/representative authorized to approve medical treatment? ___ yes ___ no
Is participant covered by personal/family medical insurance? ___ yes ___ no
If yes, name/address of insurer: _____
Name of primary insured: _____ Policy/group # _____
Student's Physician: _____ Phone: _____

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 and/or illness associated with participation in and transportation to and from the activity. The Participant (or parent/guardian) accepts personal financial responsibility for any injury or illness 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 or illness related directly or indirectly to the described activity or transportation to and from the activity, whether such injury or illness 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 the Christian Conciliation division of Peacemakers Ministries of Billings, MT, (406) 256-1583. The mediation and arbitration process shall follow the guidelines contained in *Guidelines for Christian Conciliation*. The parties agree that these methods shall be the sole remedy for any claim.

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