

Activity Participation Agreement for Out of Town Events/Trips

Activity / Trip Information

Spo	nsored by:	FBC-Rock Hill Youth Ministry	481 Hood Center Drive, Rock	Hill, SC 29730	803-327-7181
Nar	me and Date	of Event:			
Мо	de of Travel 8	& Location of Event:			
Des	cription of a	ctivities:			
Mir	nistry Leader(s):			
		Particinant Information (to	be completed by participant or a	uithorized guardian)	
Name of Participant:					
Nar	ne of parents	s/guardians:			
Address:			1	Parent Phone:	
Sec	ond Emerger	ncy contact:	Phones: Day:_	Nigh	t
	I have signe	ed and submitted a 2023-2024 Me	edical Release Form for this partic	cipant.	
	I have revie	ewed the annual medical form and	have no changes to submit OR		
	Since review	wing the annual form I have the fo	ollowing changes to submit:		
	List any ne	w allergies or medicines since sign	ning the Medical Release Form:		
ent: follopro In c gua acti dur par to in acti ticip If a mat acti	s or guardian owing: sickned perty damage onsideration rdian acknow vity. The participant that indemnify, derivity or transpoant, or other dispute over the through a vity sponsor	nat participation in the activity de s, if the participant is a minor), aress, exposure to infectious/comme, and financial damage. for the opportunity to participate vledges and accepts the risks of inticipant (or parent/guardian) accepts or during transportation to and is authorized by the sponsor or its fend, and hold harmless the activity or the activity, rwise. this agreement or any claim for camutually acceptable alternative cannot agree upon such a process ordance with the rules of the Am	d may result in various types of in unicable disease, bodily injury, described above (jury associated with participation pts personal financial responsibile from the activity, as well as for a sagents. Further, the participant, ity sponsor for any injury arising whether such injury arises out of amages arises, the participant/padispute resolution process. If the state of the state of the state of the submitted to see the same of the submitted to see the same of the submitted to submitted to see the same of the submitted to submitted	"the activity"), the part in and transportation ity for any injury or oth any medical treatment /parent/guardian relead directly or indirectly out f the negligence of the arent/guardian agrees	t limited to, the personal injury, ticipant/parent/ to and from the per loss sustained rendered to the ses and promises at of the described sponsor, the parto resolve the ardian and the
——Par	ticipant Signa	uture	 Date		
Parent/Guardian Signature		n Signature	 Date		