



Activity Participation Agreement for Out of Town Events/Trips

Activity / Trip Information

Sponsored by: FBC-Rock Hill Youth Ministry 481 Hood Center Drive, Rock Hill, SC 29730 803-327-7181

Ministry Leader(s): _____ Name and Date of Event: _____

Mode of Travel & Location of Event: _____

Description of activities: _____

Lodging: _____

Participant Information (to be completed by participant or authorized guardian)

Name of Participant: _____ Student Mobile: _____

Name of parents/guardians: _____

Address: _____ Parent Phone: _____

Second Emergency contact: _____ Phones: Day: _____ Night _____

☐ I have signed and submitted a 2024-2025 Medical Release Form for this participant.

☐ I have reviewed the annual medical form and have no changes to submit **OR**

☐ Since reviewing the annual form I have the following changes to submit:

List any new allergies or medicines since signing the Medical Release Form: _____

Participation Agreement

I acknowledge that participation in the activity described above involves risk to the participant (and to the participant's parents or guardians, if the participant is a minor), and may result in various types of injury including, but not limited to, the following: sickness, exposure to infectious/communicable disease, 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/parent/guardian 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. Further, the participant/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 sponsor, the participant, or otherwise.

If a dispute over this agreement or any claim for damages arises, the participant/parent/guardian agrees to resolve the matter through a mutually acceptable alternative dispute resolution process. If the participant/parent/guardian and the activity sponsor cannot agree upon such a process, the dispute will be submitted to a three-member arbitration panel for resolution in accordance with the rules of the American Arbitration Association.

Participant Signature

Date

Parent/Guardian Signature

Date