

# Activities Participation Agreement

(Blanket)

First Church of the Nazarene  
9401 East 25<sup>th</sup> Street, Indianapolis, IN 46229

## Ministry Information

(To be completed by the activities sponsor)

Name of sponsoring organization \_\_\_\_\_

Address \_\_\_\_\_

Name of sponsor coordinator \_\_\_\_\_

General description of activities \_\_\_\_\_

Dates of coverage \_\_\_\_\_

## Participant Information

Name of participant \_\_\_\_\_ Date of birth \_\_\_\_\_

Complete Address \_\_\_\_\_

Name of Emergency Contact \_\_\_\_\_

Telephone (Home) \_\_\_\_\_ (Cell) \_\_\_\_\_

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

By signing below, the participant (or parent/guardian if participant is a minor) acknowledges and accepts the risks of physical injury associated with participation in the activities (in general) described above. Except for gross negligence on the part of the sponsor, the participant (or parent/guardian) accepts personal financial responsibility for any bodily or personal injury sustained during the activity. Further, the participant (or parent/guardian) promises to hold harmless the sponsoring organization and its representatives for any injury related to the activities.

If a dispute over this agreement or any claim for damage arises, the participant (or parent/guardian) agrees to resolve the matter through a mutually acceptable arbitration process.

Signature \_\_\_\_\_ Date \_\_\_\_\_

(Participant or parent/guardian if participant is a minor)

**Please be sure to complete reverse side and have your signature notarized for  
Consent for Treatment and Medical Information.**

## Consent for Medical Treatment of a Minor

Consent for Medical Treatment of a Minor is to provide medical assistance for your child in the event that you cannot be contacted. If your child is sick or injured, every effort will be made to contact you first. If you cannot be reached, your child can be treated by medical professionals. Remember, this form will probably never be used. Safety is our number one priority especially where children are concerned.

I, \_\_\_\_\_, being the parent or legal guardian of \_\_\_\_\_ grant the following authorization for medical and/or surgical treatment of this minor by a health care professional should the need arise while he/she is attending activities of First Church of the Nazarene for the time period of \_\_\_\_\_.

I, \_\_\_\_\_, being the parent or legal guardian of \_\_\_\_\_ authorize and consent to medical, surgical and hospital care, treatment and procedures to be performed for my child by a licensed physician or hospital when, in the sole discretion of the attending physician, such care, treatment and procedures are immediately necessary or advisable in the interest of my child's health and well-being.

\_\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_\_  
Date

### Medical Information

Participant's Primary Physician \_\_\_\_\_

Phone \_\_\_\_\_ Date of last tetanus shot \_\_\_\_\_

List of any allergies (meds & other) \_\_\_\_\_

Current medications and instructions \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Other information that would be useful in the event medical treatment is necessary.

\_\_\_\_\_

\_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

Notary \_\_\_\_\_ Date \_\_\_\_\_

My Commission Expires \_\_\_\_\_

