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**FBC STUDENT MINISTRY DODGEBALL PARTICIPATION AGREEMENT
SATURDAY, SEPTEMBER 24, 2022**

Name of participant:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
Name of parents/guardians:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
Name of emergency contact:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone (evening): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

List allergies or medical conditions: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Is FBC Medford 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**

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 (or parent/guardian if the 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 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, employees, volunteers, or

any other representatives (collectively referred to as the “activity sponsor”). Further, the participant (or

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 activity sponsor, the participant,

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 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.

Signature of Participant: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of Parent/Guardian \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_
(If participant is under 18 years old)