## **ASPEN PARK BAPTIST CHURCH**

## Youth Activity Participation Agreement Activity Information

| Name of sponsoring organization: Aspen Park Baptist Church                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                                                                                                                             |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Address: 4400 S. Aspen Avenue                                                                                                                                                                                                                                                                                                                                                                                                                     | Telephone: 918-455-2100                                                                                                                                                                                     |
| Name of sponsor coordinator:                                                                                                                                                                                                                                                                                                                                                                                                                      | Telephone:                                                                                                                                                                                                  |
| Description of activity:                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                                                                                                                             |
| Date(s) and location of activity:                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                                                                                                             |
| Participant Information  (to be completed by participant or an authorized guardian)                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                                                                                                             |
| Name of participant:                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                                                                                                             |
| Address:                                                                                                                                                                                                                                                                                                                                                                                                                                          | Telephone:                                                                                                                                                                                                  |
| Name of emergency contact:                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                                                                                                                             |
| Telephone: (Day)                                                                                                                                                                                                                                                                                                                                                                                                                                  | (Evening)                                                                                                                                                                                                   |
| 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 Agree                                                                                                                                                                                                                                                                                                                                                                                                                               | ment                                                                                                                                                                                                        |
| By signing below, the participant (or parent/guardian if participant is physical injury associated with participation in the activity described the sponsor, the participant (or parent/guardian) accepts personal fina sustained during the activity. Further, the participant (or parent/guardorganization and its representatives for any injury related to the activity during the event in case of an emergency or a sponsor needs to talk w | above. Except for gross negligence on the part of ncial responsibility for any bodily or personal injury lian) promises to hold harmless the sponsoring ty. A parent or guardian must be available by phone |
| If a dispute over this agreement or any claim for damages arises, the patter through a mutually acceptable arbitration process.                                                                                                                                                                                                                                                                                                                   | participant (or parent/guardian) agrees to resolve the                                                                                                                                                      |
| Sponsors, on occasion, videotape and photograph various church sp<br>publications or released on our website. If anyone should object, pl                                                                                                                                                                                                                                                                                                         | · · · · · · · · · · · · · · · · · · ·                                                                                                                                                                       |
| Signature:                                                                                                                                                                                                                                                                                                                                                                                                                                        | Date:                                                                                                                                                                                                       |