

Activity Participation Agreement

Activity Information

Sponsoring Organization: Faith Assembly of God Church / Spirit Field

Address: 4000 State Street, Quincy, Illinois 62305 **Telephone:** (217) 223-0080

Description of activity: Church Softball League

Date(s) and location of activity: Monday through Friday evenings, May through August 2010

Participant Information

(To be completed by participant or authorized guardian)

Name of participant: _____

Address: _____ **Telephone:** _____

Name of emergency contact: _____

Telephone (evening): _____ **Telephone (cell):** _____

Is Faith Assembly of God 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

In consideration for the opportunity to participate in the Church Softball League, the Participant (or parent/guardian if Participant is a minor) acknowledges and accepts the risks of injury associated with participation in the activity. The Participant (or parent/guardian) accepts personal financial responsibility for any injury sustained during the activity. Further, the Participant (or parent/guardian) promises to indemnify, defend, and hold harmless Faith Assembly of God Church or its agents, employees, volunteers, or any other representatives (collectively referred to hereinafter as the "Sponsor") for any injury related directly or indirectly out of the described activity, whether such injury arises out of the negligence of the Sponsor 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 Sponsor cannot agree upon such a process, the dispute will be submitted to a three-member arbitration panel of the American Arbitration Association for final resolution.

Signature: _____ **Date:** _____

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