



**New Beginnings Church Activity Participation Agreement**

**Activity Information** (To be completed by participant or authorized guardian)

Name of sponsoring organization: **NEW BEGINNINGS CHURCH**

Address: **4104 EAST 15<sup>ST</sup> STREET SOUTH, BIXBY, OK 74008**

Telephone: **918.366.6700**

Name of sponsor’s coordinator/ministry: **STUDENT MINISTRIES (WIRED)**

Description of activity: **ALL NBC STUDENT MINISTRIES (WIRED) ON CAMPUS & OFF CAMPUS ACTIVITIES**

Date(s) and location of activity: **January 1<sup>st</sup>, 2012 to December 31<sup>st</sup>, 2012**

**Participant Information** (To be completed by participant or authorized guardian)

Name of participant: \_\_\_\_\_

Name of parents/guardians: \_\_\_\_\_

Address: \_\_\_\_\_ Telephone: \_\_\_\_\_

Name of emergency contact: \_\_\_\_\_

Telephone (Day): \_\_\_\_\_ Telephone (Evening): \_\_\_\_\_

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

Is the sponsor authorized to approve medical treatment?  Yes  No

Is the participant covered by personal/family medical insurance?  Yes  No

If yes, name/phone of insurer: \_\_\_\_\_

Policy and/or group number: \_\_\_\_\_

\*I authorize NBC to take and/or use photographs and/or audio-visual of the participant?  Yes  No

**Participation Agreement**

I acknowledge that participation in the activity described above involves risk to the Participant (and to Participant’s parents or guardians, if Participant is a minor), and may result in various types of injury including, but not limited to, the following: sickness, 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 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 hereinafter 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 pursuant to the rules of the American Arbitration Association.

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

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

(Participant and/or ALL parent/guardians if participant is a minor)