



Activity Participation Agreement

Activity Information

(To be completed by activity sponsor)

Name of sponsoring organization (Sponsor) Crossroads Family Ministry
Address 200 W Lockhart St, Sayre, PA 18840 Telephone 570-888-2347
Name of sponsor co-coordinator Pastor Jeremy Maslin Telephone 607-760-0224
E-Mail jeremymaslin@ymail.com
Date January 2017-January 2018

Participant Information

(To be completed by an authorized guardian)

Name of participant _____ Date of Birth _____
Address _____ Telephone _____
Name of emergency contact _____
Daytime telephone _____ Evening telephone _____
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 _____

Participant 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 of Crossroads Family Ministry. 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 activity. Further, the Participant (or parent/guardian) promises to hold harmless the sponsoring organization and its representatives for any injury related to the activity.

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

Signature _____ Date _____

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