

# Activity Participation Agreement

## Activity Information (to be completed by activity sponsor)

**Name of Sponsoring Organization:** Rowland Heights Community Christian Church

**Address:** 19309 Colima Road, Rowland Heights, CA 91748

**Telephone:** 626-965-3033

**Name of Sponsor's Coordinator:** Joseph Kuang

**Telephone:** 909-536-5398

**Description of Activity:** Regular worship services and fellowship meetings, and special events and activities both indoor or outdoor

**Duration and Location of Activity:** January to December 2022, located at 19309 Colima Road, Rowland Heights, CA 91748 or outside of the church premises.

## 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 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 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. While participating in events held by the Sponsor, "social distancing" must be practiced and face coverings worn at all times to reduce the risks of exposure to COVID-19. The Sponsor cannot guarantee that its participants, volunteers, partners, or others in attendance will not become infected with COVID-19.

In consideration for the opportunity to participate in the activity described above (the "Activity"), the Participant (or parent/guardian if Participant is a minor) hereby acknowledges, agrees to assume and accepts the risks of injury or property damage, whether known or unknown 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 and its employees, representatives, agents, volunteers 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 of Participant: \_\_\_\_\_ Date: \_\_\_\_\_

If participant is a minor, the following must be signed too:

Signature of Father: \_\_\_\_\_ Date: \_\_\_\_\_

Signature of Mother: \_\_\_\_\_ Date: \_\_\_\_\_