

Youth Archery Tournament Participation Activity Agreement

Activity Information

Sponsoring organization: Calvary Baptist Church, 469 Airport Avenue, Wisconsin Rapids WI

Telephone: 715-423-7190

Name of sponsor's coordinator: Mr. Tom Nolan, 715-424-1228

Description of activity: Bible devotional time and archery tournament

Date(s) and location of activity: Saturday, July 30th, 10:00 a.m. at 7094 Lundberg Road, Wisconsin Rapids.

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

Name of participant: _____

Name of parents/guardians: _____

Address: _____ Telephone: _____

Emergency contact person – Name: _____
(other than parent/guardian)

Telephone: _____

List allergies or medical conditions: _____

Participation Agreement

I acknowledge that participation in the activity described above involves some risk to the Participant and may result in various types of injury. In consideration for the opportunity to participate in the activity described above, the Participant (or parent/guardian of a minor) acknowledges and accepts the risks of injury associated with participation in this 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. 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.

Participant Signature: _____ Date: _____

Parent/Guardian Signature: _____ Date: _____

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

