



Activities Participation Agreement

Activities Information:

Name of Sponsoring Organization: Pope Drive Baptist Church

Address: 2510 Pope Drive, Anderon, SC 29625 Phone: (864) 226-1789

Name of Sponsor's Coordinator: David Foster Phone: (864) 907-5563

Description of Activities: Kingdom Partners Week – Activities include the following:
door-to-door canvassing, Block Party, Youth Rally, Backyard Bible Club, and service projects.

Dates and Location of Activity: July 13-20, 2024, at Pope Drive Baptist Church and at various homes and yards

Name of Guest Organization: Holmes Baptist Association Phone: (386) 209-7936

Name of Guest Organization Coordinator: Randy Torrance Phone: (386) 209-7936

Participant Information (to be completed by participant or authorized guardian):

Name of Participant: _____

Name of Participant's parents or guardian (if applicable): _____

Address: _____ Phone: _____

Telephone (Daytime): _____ Telephone (Evening): _____

List Allergies or medical condition: _____

Is Guest Organization's Coordinator authorized to approve medical treatment? Yes ___ No ___

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

If yes, name of insurer: _____

Policy or Group number: _____

Participant Agreement:

Please read, then sign and date the back of this page.



Activities Participation Agreement
Page 2

I acknowledge that participation in the activities described above involves risk to the participant (and to the participant's parents or guardians, if the participant is a minor), and may result in various types of injury including, but not limited to, the following: sickness, exposure to infectious/communicable disease, bodily injury, death, emotional injury, personal injury, property damage, and financial damage.

In consideration for the opportunity to participate in the activities described above (the "activities"), the participant (or parent/guardian if the participant is a minor) acknowledges and accepts the risks of injury associated with participation in and transportation to and from the activities. The participation (or parent/guardian) accepts personal financial responsibility for any injury or other loss sustained during the activities or during transportation to and from the activities, 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 as the "activities sponsor"). Further the participant (or parent/guardian) releases and promises to indemnify, defend, and hold harmless the activities sponsor for any injury arising directly or indirectly out of the described activities or transportation to and from the activities, whether such injury arises out of the negligence of the activities 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 activities sponsor cannot agree upon such a process, the dispute will be submitted to a three-member arbitration panel for resolution in accordance with the rules of the American Arbitration Association.

Participant's Signature: _____

Date: _____

Parent's/Guardian's Signature: _____

Date: _____

Parent's/Guardian's Signature: _____

Date: _____