



850 Ladd Rd. Walled Lake, MI 48390 248-926-6584
Back to School Bash 2014 Participation Agreement

Name of participant: _____
Parent/Guardians: _____
Address: _____ Phone: _____
Emergency Contact: _____ Phone: _____
List allergies/medical conditions: _____
Authorize to approve medical treatment if needed? _____ Yes _____ No
Is participant covered by personal/family medical insurance? _____ Yes _____ No
If yes, name of insurer: _____
Policy or group number: _____

I acknowledge that participation in the activity described above involves risk to the participant, and may result in various types of injury including, but not limited to the following: sickness, bodily injury, death, emotional injury, personal injury, property damaged and financial damage. In consideration for the opportunity to participate in the event, Back to School Bash, the participant acknowledges and accepts the risks of injury associated with participation and transportation to and from the event. The participant accepts personal financial responsibility for any injury or other loss sustained during the event or during transportation to and from the event as well as for any medical treatment rendered to the participant that is authorized by Orchard Grove Community Church or its agents, employees, volunteers or any other representatives. Further, the participant releases and promises to indemnify, defend and hold harmless Orchard Grove Community Church for any injury arising directly or indirectly out of the Back to School Bash or transportation to and from the event, whether such injury arises out of the negligence of Orchard Grove Community Church, the participant or otherwise. If a dispute over this agreement or any claim for damages arises, the participant agrees to resolve the matter through a mutually acceptable alternative dispute resolution process. If the participant and Orchard Grove Community Church 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: _____
Signature of Parent/Guardian: _____ Date: _____