

**EASTRIDGE BAPTIST CHURCH YOUTH MINISTRY  
ACTIVITY PARTICIPATION AGREEMENT**

**STUDENT INFORMATION:**

Name \_\_\_\_\_ Birthdate \_\_\_\_\_  
Address \_\_\_\_\_ Phone \_\_\_\_\_  
School \_\_\_\_\_ Grade (in fall) \_\_\_\_\_  
Email \_\_\_\_\_

**PARENT/GUARDIAN INFORMATION:**

Name \_\_\_\_\_ Address \_\_\_\_\_  
Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_  
Cell Phone \_\_\_\_\_ E-mail \_\_\_\_\_

**EMERGENCY CONTACT (if parents/legal guardian or care-giver cannot be reached):**

Name \_\_\_\_\_ Relationship \_\_\_\_\_  
Phone (day) \_\_\_\_\_ Phone (evening) \_\_\_\_\_

**PARTICIPATION AGREEMENT:**

I hereby authorize the participation of the above-named Participant in activities of Eastridge Baptist Church's (the Church) 128 Student Ministries. I acknowledge that participation in any activity may result in various types of injury including, but not limited to: sickness, bodily injury, emotional injury, personal injury, death, property damage and financial damage. I agree to direct my child to cooperate and to conform with directions and instructions of personnel of the organization in charge of these activities. Should my child not do so, and should those leading an activity believe it necessary, I will come and remove my child from the activity as soon as possible after being called by a staff representative for that purpose.

In consideration of the Church providing these activities, I, on behalf of myself and other parents and guardians of the Participant, do hereby release the Church, its officers, employees, agents, and members of the Board of Elders from all claims and causes of action by reason of any injury which may be sustained as a result of these activities, whether on the church property, on the way to or from these activities, or at the activity, or from the diagnosis and treatment of such injuries. Further, the Participant (or parent/guardian) releases and promises to indemnify, defend, and hold harmless the Church for any injury arising directly out of the negligence of the Church, 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 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 parent/legal guardian \_\_\_\_\_ Date \_\_\_\_\_  
Signature of parent/legal guardian \_\_\_\_\_ Date \_\_\_\_\_

**DIGITAL IMAGE USE AGREEMENT:**

I hereby grant, voluntarily and with full understanding, to the Eastridge Baptist Church (the Church), a license to the following:

1. Use and storage of the participant's name and image, by means of digital or film photography, video photography, audio recording or other documentation, with respect to the activity of the Church.
2. Use of any stored data including the participant's name and image in printed publications of the Church, including but not limited to brochures, and newsletters.
3. Use of any stored data including the participant's name and image in electronic publications, including, but not limited to, our website, YouTube, and videos of the Church.
4. Use of any stored data including the participant's name and image in any website created by or for the Church for its sole benefit.
5. If I am signing this agreement on behalf of a minor child, I hereby warrant that I am the legal parent or guardian of the child and that I have the legal authority to sign this agreement on behalf of the child.
6. If a dispute over this agreement or any claim for damages arises, I agree to resolve the matter through a mutually acceptable alternative dispute resolution process. If I cannot agree with the Church upon such a process, the dispute will be submitted to a three-member arbitration panel of the American Arbitration Association for final resolution.

Signature of parent/legal guardian \_\_\_\_\_ Date \_\_\_\_\_  
Signature of parent/legal guardian \_\_\_\_\_ Date \_\_\_\_\_

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**MEDICAL INFORMATION:**

Please check and explain if any past history of:

- Allergies\*       Asthma       Heart Condition       Hypoglycemia       Diabetes  
 Epilepsy or other nervous disorder       Stomach upsets or disorders       Other (explain) \_\_\_\_\_

\*List Allergies (drug, food, and other): \_\_\_\_\_

Date of last Tetanus shot \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
   mm    dd    yyyy

List of medications being taken (include time(s) of day) \_\_\_\_\_

Family Physician \_\_\_\_\_ Phone \_\_\_\_\_

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

If yes, name of insurer \_\_\_\_\_ Insurer Phone \_\_\_\_\_

Policy or group number \_\_\_\_\_

Preferred treatment facility \_\_\_\_\_

**MEDICAL CONSENT PROVISION:**

In the event that I or other contact persons are unable to be reached, I hereby authorize appropriate ministry personnel of Eastridge Baptist Church (the Church), to consent to necessary medical treatment recommended by a medical professional. I also authorize any appointed or appropriate ministry personnel in whose care the Participant has been entrusted by the Church, to consent to any diagnosis or treatment and hospital care which is deemed advisable by, and is to be rendered under the general or special supervision of, any licensed physician and/or surgeon or dentist.

I hereby give my permission to the physician, nurse, or dentist selected by the Church to secure medical or dental aid as required for illness or injury under a physician's orders, including transportation to and from necessary facilities. I understand that the Church is not obligated to carry any insurance to cover those medical/dental expenses in excess of the limits of the participant's insurance.

I hereby authorize any hospital or dentist which has provided treatment to the participant to surrender physical custody of such Participant to the ministry personnel of the Church upon completion of treatment.

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 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.

This authorization shall remain effective until revoked in writing delivered to Eastridge Baptist Church.

Signature of parent/legal guardian \_\_\_\_\_ Date \_\_\_\_\_

Signature of parent/legal guardian \_\_\_\_\_ Date \_\_\_\_\_