***Atlantic EFC Youth Ministry***

**Activity Permission Agreement**

*Name of Sponsoring Organization:* Atlantic EFC (Equip and Engage Youth Ministries)

*Address:* 1 E. 22nd St *Phone:* 712 243 4738

*Name of Sponsor’s Coordinator:* Stephen Baxley *Phone:* 972.810.1022

*Description of Activity:* ***Disciple Now Conference* Cost:** $50

*Dates and Location of Activity: March 26-28, AEFC Church*

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

# Name of Participant: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Age *\_\_\_\_ Grade\_\_\_\_\_\_\_* Name of person who Invited you: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

# Name of Parents/Guardian: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

# Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

# Emergency Contact Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone (Day): \_\_\_\_\_\_\_\_\_\_

### Phone (Evening): \_\_\_\_\_\_\_\_

# List Allergies/Medical Conditions: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*Is sponsor approved to approve medical treatment? Yes \_\_\_ No \_\_\_*

## Is participant covered by family/personal medical insurance? Yes \_\_\_ No \_\_\_

*If yes, name of insurer: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*

# Policy/ group number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

T-Shirt Size S\_\_ M\_\_ L\_\_ XL\_\_ 2XL\_\_ 3XL\_\_

***Participant Agreement:***

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

In consideration for the opportunity to participate in the activity described above (the “activity”), the participant (or the participant’s 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 activity. The participant (or parent/guardian) accepts personal financial responsibility for any injury or loss of sustained during the activity or during transportation to and from the activity, as well as any medical treatment that is rendered to the participant that is authorized by the sponsor or its agents. 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, 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 in accordance with the rules of the American Arbitration Association.

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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