

# Student Ministry Summer Participation Agreement

## Activity Information *(To be completed by the activity sponsor)*

Name of sponsoring organization: Turning Point Community Church

Address: 11202 Quaker Ave Lubbock, TX 79424 Telephone: (806)-794-6987

Name of sponsor's coordinator: Ricky Salas Telephone: (806) 298-3107

Description of activity: Youth Summer Events

Date(s) and location of activity:

-Summer Activities for YTH May-August

-May 26-30<sup>th</sup>/June 29<sup>th</sup>-July 3<sup>rd</sup> YTH Camp

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

Name of participant:

Name of parents/guardians:

Address:

Telephone: \_\_\_\_\_ Name of emergency contact: \_\_\_\_\_

Telephone (Day): \_\_\_\_\_ Telephone (evening): \_\_\_\_\_

List allergies or medical conditions:

## Participation Agreement

I acknowledge that participation in the activity described above involves risk to the Participant (and to Participant's parents or guardians, if Participant is a minor), and may result in 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 activities described above (the "Activity"), the Participant (or parent/guardian if Participant is a minor) acknowledges and accepts the risks of injury associated with participation in and transportation to and thus releasing **Turning Point Community Church** from the 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")

To the fullest extent permitted by law, I release **Turning Point Community Church**, its trustees, officers, directors, employees, agents, and representatives from any injury, harm, damage, or death which may occur to my minor child while participating in the activity and agree to save and hold harmless **Turning Point Community Church**, its trustees, officers, directors, employees, agents, and representatives from any claims arising out of my minor child's participation in the activity.

Further, being the parent or legal guardian of the minor child, I do consent to any medical, surgical, X-ray, anesthetic, or dental treatment that may be deemed necessary for my minor child. I understand that efforts will be made to contact me prior to treatment but, in the event, I cannot be reached in an emergency, I give permission to the activity leader to make the decisions necessary for treatment. Should there be no activity leader available, I give permission to the attending physician to treat my minor child. As parent or legal guardian, I understand that I am responsible for the health care decisions for my minor child and agree that my insurance plan is my primary plan to pay for the medical, dental, or hospital care or treatment that is given to my minor child. Any insurance policy of the church or organization sponsoring this event will be used as secondary coverage.

Any and all claims or disputes arising from or related to this Agreement, other than a claim for injunctive relief, shall first be submitted to mediation in Lubbock County, Texas in accordance with the then governing rules of The Institute for Christian Conciliation. If the parties cannot resolve their dispute through mediation, they shall have the issue resolved through arbitration with the then governing rules of The Institute for Christian Conciliation. In the event that the Institute for Christian Conciliation ceases to exist during the course of this Agreement, arbitration under this section shall be conducted according to the rules of the American Arbitration Association. Judgment upon an arbitration award may be entered in the District Court for the County of Lubbock, Texas. Employer shall bear the administrative costs related to any mediation or arbitration proceeding.

Parent/Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

Printed Name: \_\_\_\_\_ Date: \_\_\_\_\_

Witness: \_\_\_\_\_ Date: \_\_\_\_\_