

Activity Participation Agreement

Name of sponsoring organization: **First Baptist Church Gallatin, Student Ministry**

Address: **205 East Main Street, Gallatin, TN 37066**

Telephone: **(615) 452.5715**

Name of sponsor's coordinator: **Kevin Buynak, Student Pastor**

Telephone: **(863) 307.6190**

Description of activity: **ALL activities/ministries of the Student Ministry of First Baptist Church Gallatin on Sundays, Wednesday nights, and other special events.**

Participant Information (To be completed by participant's parent or authorized guardian)

Name of participant: _____

Name of parents/guardians: _____

Address: _____ E-mail: _____

Name of emergency contact: _____

Telephone (Cell): _____ Telephone (Home): _____

List allergies or medical conditions: _____

Is sponsor authorized to approve medical treatment? Yes No

Daily Medication Requirements (If necessary):

Medicine _____ Prescribed Dosage _____ Time _____

Medicine _____ Prescribed Dosage _____ Time _____

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

If yes, name of insurer: _____

Policy or group number: _____

Releases

I give permission to First Baptist Church Gallatin to use any media of any kind that includes my student in all publications, print or electronic media, websites, or social media outlets for promotional and educational purposes. Initial _____

Discipline Release: In the event of misconduct, I authorize the staff and leadership to send my student home at my expense. Initial _____

Personal Belongings Release: For all events, I realize that First Baptist Church Gallatin, its sponsors, and its agents are not responsible for personal belongings, their damage, or their loss. Initial _____

Participation Agreement

In consideration for the opportunity to participate in activities of the Student Ministry, the Participant's parent or authorized guardian acknowledges and accepts the risks of injury associated with participation in and transportation to and from any and all activities.

The Participant's parent or authorized 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 First Baptist Church Gallatin or its agents, employees, volunteers, or any other representatives. Further, the Participant's parent or authorized guardian releases and promises to indemnify, defend, and hold harmless First Baptist Church Gallatin for any injury arising directly or indirectly out of the activities of the Student Ministry or transportation to and from the activities of the Student Ministry, whether such injury arises out of the negligence of First Baptist Church Gallatin, the Participant, or otherwise.

It is expressly acknowledged that participation in activities of the Student Ministry of First Baptist Church Gallatin may involve risks to the Participant (and to Participant's parents or guardians, if Participant is a minor), and could potentially 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. With such knowledge, permission to participate in activities of the Student Ministry is given knowingly and willingly by the Participant's parent or authorized guardian.

If a dispute over this agreement or any claim for damages arises, the Participant's parent or authorized guardian agrees to resolve the matter through a Christian mediator as part of the alternative dispute resolution process. If mediation is unsuccessful, the dispute will be submitted to a three-member arbitration panel for resolution pursuant to the rules of the American Arbitration Association, and court involvement shall only be necessary for settlement approval involving a minor as may be required by law.

This Agreement shall be governed in accordance with the laws of the State of Tennessee.

Participant and/or ALL parent/guardians if participant is a minor.

Signature: _____ Date: _____

Printed Name: _____

Relationship to Participant: _____