

Activity Participation Agreement



Sponsoring Organization: Bair Lake Bible Camp

Telephone: 269-244-5193

Guest Organization: _____

Description of Activity: All activities participant engages in while on grounds of Bair Lake Bible Camp at 12500 Prang Street, Jones, Michigan.

Date of Activity: _____ Retreat Name: _____
(ie Winter Blitz 1)

Participant Information: (To be completed by participant or authorized parent/guardian)

Name of Participant: _____ DOB: ___/___/___ Gender: Male ___ Female ___
Please Print

Address: _____ City: _____ State: _____ Zip: _____

Parent/Guardian Name(s): _____

Address if different from Participant: _____

Parent/Guardian Phone #: Cell/Home: _____ Work: _____

Emergency Contact Name and Phone #: _____

List all allergies and/or medical conditions: _____

If food related allergies, please contact our Food Services Manager at 269-244-5193 ext 211 at least 2 weeks prior to arrival.

Is Sponsoring Organization (Bair Lake Bible Camp) authorized to approve medical treatment? YES _____ NO _____

Is participant covered by personal/family medical insurance? YES _____ NO _____

If Yes, name of insurer: _____

Policy or Group #: _____

Bair Lake Bible Camp has permission to use any photographs, videos, or other media of participant in promotional materials. YES _____ NO _____

Release Info for Minors: Please list the legal name of ALL persons, including parents to whom camper may be released to upon the completion of camp. Persons responsible for picking up camper will be required to show photo ID.

Parent: _____ Group Representative: _____ Other: _____

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 or financial damage.

In consideration for the opportunity to participate in the activity described above, the Participant acknowledges and accepts the risks of injury associated with participation in the Activity. The Participant accepts personal financial responsibility for any injury or other loss sustained during participation in 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". Further, the Participant releases or promises to indemnify, defend, and hold harmless the Activity Sponsor for any injury arising directly or indirectly out of the described 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 agrees to resolve the matter through a mutually acceptable alternative dispute resolution process. If the Participant and the Activity Sponsor 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 or Parent/Guardian

Date