

Activity Participation Agreement

Activity Information (To be completed by the activity sponsor)		
Name of sponsoring organization: Sandpoint C		
Address: 477954 US-95, Ponderay, 13		
Name of sponsor's coordinator: Carlie HOEVAN		Telephone: (208) 263-2562
Description of activity: Church Event		
Date(s) and location of activity:	<u>.</u>	
Participant Information (To be completed by participant or author. Name of participant:		<u> </u>
Name of parents/guardians:		
Address:		Telephone:
Name of emergency contact:		
Telephone (daytime): Telepho	one (even	ning):
List allergies or medical conditions:		
Is sponsor 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 number:		
Participation Agreement		
I acknowledge that participation in the activity described above Inv participant's parents or guardians, if the participant is a minor), and including, but not limited to, the following: sickness, bodily injury, d property damage, and financial damage.	d may res	sult in various types of injury
In consideration for the opportunity to participate in the activity de (or parent/guardian if the participant is a minor) acknowledges and participation in and transportation to and from the activity. The participation in and transportation to and from the activity. The participant is sustained during and from the activity, as well as for any medical treatment rendèred the sponsor or its agents, employees, volunteers, or any other representivity sponsor"). Further, the participant (or parent/guardian) released hold harmless the activity sponsor for any injury arising directly transportation to and from the activity, whether such injury arises of the participant, or otherwise.	accepts rticipant the active to the pessentative asses and persentative assessments and persentative assessments and persentative assessments and persentative assessments are persentative assessments are persentative assessments and persentative assessments are persentative assessments are persentative assessments are persentative assessments and persentative assessments are persentative as a persen	the risks of injury associated with (or parent/guardian) accepts personal vity or during transportation to varticipant that is authorized by ves (collectively referred to as the d promises to indemnify, defend, ectly out of the described activity or
If a dispute over this agreement or any claim for damages arises, the to resolve the matter through a mutually acceptable alternative disp (or parent/guardian) and the activity sponsor cannot agree upon sucto a three-member arbitration panel for resolution in accordance will Association.	th a proc	lution process. If the participant ess, the dispute will be submitted
Signature:		Date:
Signature:		
Signature: (Participant and/or parent/enordians if participant is a minor)		Date:
CENTRESONS ORGAN DOVENTIONATORING IT DOVIDED ON 15 (1 101110)*		



Photo Use Agreement

This sample agreement should be reviewed and approved by your attorney prior to use.
understanding, to Scinclpoint Church ("Church"), a license to the following: Of the Nozaveve
Use and storage of my name and image, by means of digital or film photography, video photography audio recording or other documentation, with respect to the activity, namely ———————————————————————————————————
2.Use of any stored data including my name and image in printed publications of Church.
3.Use of any stored data including my name and image in electronic publications of Church.
4.Use of any stored data including my name and image in any Web site created by or for 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 Church upon such a process, the dispute will be submitted to a three-member arbitration panel of the American Arbitration Association for final resolution.
Full name of person in photo (please print):
Address:
Addi 655,
City: State: ZIP:
Signature: Date:
Parent's or guardian's signature: Date: Date:
Parent's name (please print):