



FIRST BAPTIST  
GALLATIN

## 2024 Activity Participation Agreement

### Activity Information

Name of sponsoring organization: **First Baptist Church of Gallatin**

Address: **205 East Main Street and 225 East Main Street, Gallatin, TN 37066**

Telephone: **(615) 452.5715**

Description of "Activity": **ALL activities/ministries of First Baptist Church Gallatin on Sundays, Wednesday nights, and other special events.**

### PARTICIPANT INFORMATION

(To be completed by participant or authorized guardian)

**\*PLEASE PRINT\***

T-Shirt Size \_\_\_\_\_

**PARTICIPANT'S NAME** \_\_\_\_\_ Sex \_\_\_\_\_ Birth Date \_\_\_\_\_

Age \_\_\_\_\_ Grade \_\_\_\_\_ Special Needs \_\_\_\_\_

Name of Parents/Guardians \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ ST \_\_\_\_\_ Zip Code \_\_\_\_\_

Phone # Home (\_\_\_\_\_) \_\_\_\_\_ Cell (\_\_\_\_\_) \_\_\_\_\_

Work (\_\_\_\_\_) \_\_\_\_\_ Email Address \_\_\_\_\_

**Emergency Contact Person:** Parent/Guardian \_\_\_\_\_

Phone #Home (\_\_\_\_\_) \_\_\_\_\_ Work (\_\_\_\_\_) \_\_\_\_\_ Cell (\_\_\_\_\_) \_\_\_\_\_

**Alternate Contact:** (Someone Living Near You) Primary Contact \_\_\_\_\_

Phone # (Home) (\_\_\_\_\_) \_\_\_\_\_ Work (\_\_\_\_\_) \_\_\_\_\_ Cell (\_\_\_\_\_) \_\_\_\_\_

### **Medical Information:**

Primary Physician's Name \_\_\_\_\_

Phone No. (\_\_\_\_\_) \_\_\_\_\_

### **Insurance Information**

Insurance Company Name \_\_\_\_\_ Name on card \_\_\_\_\_

Insurance Phone # \_\_\_\_\_ Insurance Policy # \_\_\_\_\_

If you have any specific medical conditions for which you might require specialized treatment, please describe such below:

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Medications that must be taken and dosage \_\_\_\_\_

Any Allergies? \_\_\_\_\_ Allergic to any medications? \_\_\_\_\_

### **CONSENT AND RELEASE**

I give consent to First Baptist Church Gallatin ("FBCG") to use any media of my student on the church website or social media outlet for promotional purposes. \_\_\_\_\_ Yes \_\_\_\_\_ No

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 FBCG and its sponsors are not responsible for personal belongings. Initial \_\_\_\_\_

I expressly acknowledge that participation in activities may involve risks 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: sickness, bodily injury, death, emotional injury, personal injury, property damage, and financial damage.

In consideration for the opportunity to participate in activities with FBCG, 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 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 FBCG, its agents, employees, volunteers, or any other representatives. Further, the Participant (or parent/guardian) releases and promises to indemnify, defend, and hold harmless FBCG, its agents, employees, volunteers, or any other representatives for any injury arising directly or indirectly out of the Activity or transportation to and from the Activity, whether such injury arises out of the negligence of FBCG, its agents, employees, volunteers, or any other representatives, 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 FBCG, its agents, employees, volunteers, or any other representatives cannot agree upon such a process, the dispute will be submitted to Christian mediation (through an organization such as Peacemaker Ministries). In the event a resolution cannot be reached, the dispute is to be submitted to a three-member arbitration panel for resolution pursuant to the rules of the American Arbitration Association.

### **PARTICIPANT CODE OF BEHAVIOR AGREEMENT**

Rules of conduct REQUIRED of each participant:

1. No alcohol, tobacco, or illegal drugs permitted.
2. Attendance at meetings mandatory.
3. No violence (physical, emotional, or verbal) toward others.
4. No guys in girls' sleeping quarters & vice versa.\*
5. Follow curfew.
6. No profanity.
7. No bullying or cyber-bullying.
8. No purposeful disruption during any event.

**\*(We reserve the right to limit interactions between guys and girls as needed.)**

Signed by Participant and a parent/guardian, if participant is a minor.

Participant's Signature: \_\_\_\_\_

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

Parent/Guardian Signature

(if Participant is a minor): \_\_\_\_\_

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

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