



**Blue Ridge Grace Brethren Church
Vacation Bible School 2023**

Activity Participation Agreement
one form must be filled out for each participant

Name of Sponsoring Organization: Blue Ridge Grace Brethren Church

Address: 1025 Cedar Creek Grade, Winchester, Virginia 22602

Phone: 540-667-9399

Name of Sponsor's Coordinator: Bill Virts

Description of Activity: Vacation Bible School

Date(s) and Location of Activity: June 12-16, 2023 at the address above

Name of Participant: _____ Date of Birth: _____

Name of Parents/Guardians: _____

Address: _____ Phone: _____

Name of Emergency Contact: _____ Phone: _____

List Allergies or Medical Concerns: _____

In case of medical emergency, is the Sponsor authorized to approve medical treatment? Yes No

Is the Participant covered by personal/family medical insurance? Yes No

I acknowledge that participation in the activity described above involves risk to the participant (and to the participant's parents or guardians, if the participant is a minor), and may result in various types of injury including, but not limited to, the following: sickness, exposure to infectious/communicable disease, bodily injury, death, emotional injury, personal injury, property damage, and financial damage.

The participant (or parent/guardian) agrees to remain home if they show any signs of illness, including, but not limited to, a fever over 101° or any other symptoms of Covid-19, or if they had known exposure to someone with Covid-19 in the past fourteen days. As a religious institution conveying religious instruction and discipleship, the participant (or parent/guardian) understands that regulations and

requirements including, but not limited to, social distancing and masks for such religious instruction may differ from other social settings.

In consideration for the opportunity to participate in the activity described above (the “activity”), the participant (or parent/guardian) 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 the sponsor or its agents, employees, volunteers, or any other representatives (collectively referred to as the “activity sponsor”). The participant (or parent/guardian) understands that, in the case of emergency, every effort will be made to contact the emergency contact (or parent/guardian), but, should this be impossible, they give their consent to the adult leaders to utilize good judgment to secure proper medical treatment.

Further, the participant (or parent/guardian) releases and promises to indemnify, defend, and hold harmless the activity sponsor for any injury arising directly or indirectly out of the described activity, or transportation to and from the 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 (or parent/guardian) agrees to resolve the matter through a mutually acceptable alternative dispute resolution process. If the participant (or parent/guardian) and the activity sponsor cannot agree upon such a process, the dispute will be submitted to a three-member arbitration panel for resolution in accordance with the rules of the American Arbitration Association.

Participant’s Name (printed): _____

Participant’s Signature (or Parent/Guardian): _____

Relationship to Participant: _____

Date: _____