



Activity Participation Agreement

Event _____

Date(s) and location of activity: _____

Participation Information (To be completed by Participant or authorized Guardian)

Name of participant: _____

Address: _____

Phone: _____ Additional phone: _____

Emergency contact: _____ Phone (Cell): _____

Allergies or medical conditions: _____

Medications: _____

Family Physician: _____ Phone: _____

Please attach a copy of your insurance card (front and back) with this agreement.

Participation Agreement

FBC endeavors to carefully plan each trip and activity; however, even with the best of planning and precaution, unforeseen events and mishaps may occur which could result in physical injury, sickness, loss of life and damage/loss of personal property. In consideration for the opportunity to participate in the activity described above, the participant (or parent/guardian) acknowledges and accepts the personal risks and financial responsibility associated with participation in, and transportation to/from, the activity/event, as well as medical treatment rendered to participant by FBC employees or volunteers.

Further, participant (or parent/guardian) releases and agrees to waive, indemnify, and hold FBC harmless for any injury arising directly/indirectly from participation in, and transportation to/from, the activity/trip.

In the event participant becomes ill or injured, permission is granted to take whatever steps necessary to administer first aid and consent provided to initiate medical, dental or emergency treatment, and hospital care, as well as administration of medication as required.

Participant Signature: _____ Date: _____