

# NEW LIFE FELLOWSHIP

## After School Program Participant Agreement

### Activity Information

Name of sponsoring organization: NEW LIFE FELLOWSHIP

Address: 1928 Fellowship Way, Belen, NM 87002

Telephone: 505 864-2305

Name of sponsor's coordinator: Casey Goodson

Telephone: 505 417-4641

Description of activity: after school program

Location and times of activity: New Life Fellowship Wednesdays from 2:30-5:15

### Participant Information

Name of participant: \_\_\_\_\_

Name of parents/guardians: \_\_\_\_\_ Email: \_\_\_\_\_

Address: \_\_\_\_\_ Telephone: \_\_\_\_\_

Name of emergency contact: \_\_\_\_\_

Telephone (daytime): \_\_\_\_\_ Telephone (evening): \_\_\_\_\_

Allergies or medical conditions: \_\_\_\_\_ Grade \_\_\_\_\_ School \_\_\_\_\_ Teacher \_\_\_\_\_

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 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, bodily injury, death, emotional injury, personal injury, property damage, and financial damage.

In consideration for the opportunity to participate in the activity described above (the "activity"), the participant (or parent/guardian if the participant is a minor) acknowledges and accepts the risks of injury associated with participation in the activity. The participant (or parent/guardian) accepts personal financial responsibility for any injury or other loss sustained during 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"). 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, 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.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
student

Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
parent/guardian

Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
parent/guardian