Waters Edge Church
Liability Form

ACTIVITY INFORMATION
(To be completed by the activity sponsor)

Name of sponsoring organization: Waters Edge Church

Address: P.O. Box 8147, Yorktown, VA 23693 Telephone: 757-867-7378

Name of sponsor coordinator: Casey Sconyers Telephone: 757-968-9373

Description of activity: Kids Camp 2017

Date(s) and location of activity: July 17-20, 2017

PARTICIPANT INFORMATION
(To be completed by the activity sponsor)

Name of participant: _____

Address: _____

Name of emergency contact: _____

Telephone: _____
(Day) (Evening) (Cell)

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

By signing below, the participant (or parent/guardian if participant is a minor) acknowledges and accepts the risks of physical injury associated with participation in the activity described above. Except for gross negligence on the part of the sponsor, the participant (or parent/guardian) accepts personal financial responsibility for any bodily or personal injury sustained during the activity. Further, the participant (or parent/guardian) promises to hold harmless the sponsoring organization and its representatives for any injury related to the activity.

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 arbitration process.

Signature: _____ Date: _____
(Participant or parent/guardian if participant is a minor)