



Activity Participation Agreement

ACTIVITY INFORMATION

Name of sponsor's coordinator: Hunter Gregg & Sydney Houston

Phone: 843.992.9883 / 630.486.7589

Description of activity: DOSM Activities on and off-campus from June 1st – August 31st, 2024

Date(s) and location of activity: On and off-campus DOSM activities

PARTICIPANT INFORMATION (TO BE COMPLETED BY PARTICIPANT OR AUTHORIZED GUARDIAN)

Name of participant: _____

Name of parents/guardians: _____

Address: _____

Phone: _____

Name of emergency contact: _____

Telephone (daytime): _____

Phone (evening): _____

List allergies or medical conditions:

Is sponsor authorized to approve medical treatment? (Circle One) Yes No

Is participant covered by personal/family medical insurance? (Circle One) Yes No

If yes, name of insurer: _____

Policy or group number: _____

(Continue next page)

PARTICIPATION AGREEMENT

I acknowledge that participation in the activities participated in from June 1st to August 31st 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.

In consideration for the opportunity to participate in activities that take place from June 1st to August 31st (the “time period”), the participant (or parent/guardian if the participant is a minor) acknowledges and accepts the risks of injury associated with participation in and transportation to and from activities taking place between the time period. The participant (or parent/guardian) accepts personal financial responsibility for any injury or other loss sustained during this time period or during transportation to and from activities during the time period, 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 (Continued next page) for any injury arising directly or indirectly out of activities or transportation to and from activities during the time period, 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.

Parent (Print): _____

Parent (Signature): _____