



Chi Alpha Campus Ministries, U.S.A.

1445 N. Boonville Ave. Springfield, MO 65802 (417) 862-2781

Activity Participation Agreement

(No participants under the age of 18)

Sponsor Bellevue College Chi Alpha Chi Alpha Campus Ministries, U.S.A. a Department of Assemblies of God U.S. Missions a Division of the General Council of the Assemblies of God (hereinafter collectively referred to as "Sponsor".)

Description of Activities: All Chi Alpha related events for the 2023-2024 school year. Including but not limited to, LTC Fall Retreat, Salt, Missions Trips, Summer XA, etc. Other activities include group games, sports, hiking, swimming, etc

Date and Location of Activities: 9/11-9/13 LTC Camano Island, 10/27-10/29 Lake Retreat, February 2-4 Salt Conference, Missions Trips etc. And all other locations and events happening during the 2023-2024 school year.

Participant Information

Name of Participant: _____ Email: _____

Address: _____ Phone Number: _____

Name of Emergency Contact: _____

Phone Number: _____ (day) _____ (evening)

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 **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 and/or its, directors, officers, representatives, employees, agents and volunteers, **the participant accepts personal responsibility, including financial responsibility, for any bodily or personal injury sustained during the activity.** Further, the participant **hereby holds harmless the Sponsor** and its directors, officers, representatives, employees, agents and volunteers, for any injury, including death, related to the activity.

Any dispute of the terms of this agreement or any claim for damages, the participant agrees to resolve the matter through a mutually acceptable arbitration process.

Signature: _____ Date: _____
(Participant)

Is the participant on any Medication or allergic to anything? Yes* No

***If Yes, please list:** _____