



Activity Participation Agreement

ACTIVITY INFORMATION (to be completed by the sponsor)

Name of sponsor's coordinator: Ashley Adams Phone: (843) 687-6301

Date(s) of activity: Tuesday, February 17th from 9am to 12:30pm followed by lunch at a local restaurant

Description of activity: Students will serve the community by restoring the pantry at Manna House and/or preparing and serving food to those who come by for a meal.

Activity Location(s): 450 Jarrott Street Florence, SC 29506

PARTICIPANT INFORMATION (to be completed by participant or authorized guardian)

Name of participant: _____

Name of parents/guardians: _____

Address: _____ Phone: (____) _____

List allergies or medical conditions: _____

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: _____

Name of emergency contact: _____

Phone Number: (____) _____

(continued on next page)

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, 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 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 and transportation to and from the activity. The Participant (or parent/guardian) accepts personal financial responsibility for any injury or other loss sustained during the activity or during transportation to and from 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 activity or transportation to and from the activity, 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/Guardian Signature: _____ Date: _____

Parent/Guardian Signature: _____ Date: _____