

Activity Participation Agreement

Grand Rapids International Fellowship
3765 Kalamazoo Ave SE
Grand Rapids, MI 49508
616-245-2151

Participants Information

(To be completed by participants or an authorized guardian)

Name of Participant: _____

Address: _____

Name(s) emergency contact: _____

Daytime Telephone: _____ Evening telephone: _____

List allergies or medical conditions: _____

Are adult leaders 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: _____

Participant 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 GRIF activities. 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 activity. Further, the Participant (or parent/guardian) promises to hold harmless the sponsoring organization and its representatives for any injury related to the activity.

Signature _____ Date: _____

(Participant or parent/guardian if participant is a minor)