



Activity Participation Agreement

ACTIVITY INFORMATION

Name of sponsoring organization: Bethel Temple Church, Inc.

Address: 1705 Todds Lane, Hampton, Virginia 23666 Telephone: (757) 826-1426

Name of Group: Royal Rangers

Description of Activity: Sectional Pow Wow Date of Activity: June 10-12, 2011

All Rangers need to be dropped off in the Bethel Temple Church parking lot (behind the Life Center) prior to 5:00 pm for a 5:30 departure Friday, June 10th. Please eat prior to arriving on Friday or bring a bag meal. The Rangers will ride in church vans to Pipsico BSA Camp, Surry, VA. All Rangers will need to be picked up from the church parking lot no later than 2:30 pm on Sunday, June 12th.

PARTICIPATION INFORMATION

(To be completed by Parent or Authorized Guardian)

Name of Participant: _____

Address: _____ Telephone: _____

Emergency Contact (Name & Number): _____

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: _____

PARTICIPANT AGREEMENT

By signing below, I acknowledge that I am aware of and accept the general nature of this activity and the possible risks involved with my child's participation, and I hereby assume responsibility for my child's participation. I agree to indemnify and hold blameless Bethel Temple and its agents/employees from any loss, damage, claim, demand, liability, or expense incurred as a result of any damage to property or person, caused by or to child while participating in this activity. I declare to the best of my knowledge that my child is in sufficiently good health and physical condition to participate in this activity. I further agree to support the decisions of the adult leadership, making myself available, should it become necessary, to pick my child up early because of inappropriate behavior. In the event that my child becomes injured, I do hereby authorize that medical centers/hospitals are given the authority to render necessary medical services to my child which result, directly or indirectly, from his/her participation in this activity. I also agree to be responsible for any charges made by the medical center/hospital, doctor, ambulance, etc. in providing such medical services.

Parent or Guardian's Signature: _____ Date: _____