



6993 Hickory Nut Gap Road, PO BOX 428
Banner Elk, NC 28604
(877) 465-7866 info@HolstonCenter.org

Activity Participation Agreement

Activity Information (To be completed by the activity sponsor)

Name of sponsoring organization: Holston Presbytery Camp

Address: PO Box 428, 6993 Hickory Nut Gap Road, Banner Elk, NC 28604

Telephone: (844) 465-7866

Description of activity: _____

Date(s) and location of activity: _____

Participant Information (To be completed by participant or authorized guardian if participant is under 18 years of age)

Participant's Name: First _____ Middle Initial: _____ Last: _____

Participant's Address: _____ City: _____ State: _____ Zip: _____

Participant's Telephone: _____ Date of Birth (dd/mm/yyyy) _____ Age: _____

Name of Parent/Guardian: _____

Telephone: _____ Alt Telephone: _____

Name of Emergency Contact: _____

Telephone: _____ Alt Telephone: _____

List allergies and/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: _____

Participation Agreement

I acknowledge that participation in the activity described above involves risk to the Participant (and to Participant's parents or guardians, if Participant is a minor--under 18 years of age), and may result in various types of injury including, but not limited to, the following: sickness, 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 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 hereinafter 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 pursuant to the rules of the American Arbitration Association.

Signature: _____ Date: _____

Signature: _____ Date: _____

Signature: _____ Date: _____

(Participant and/or parents/guardians if participant is a minor)