

STUDENT PARTICIPATION AGREEMENT / ASSUMPTION OF RISKS FORM

Consent by Self or Parent/Guardian of a Minor

(FOR YOUR RECORDS - DO NOT SUBMIT TO STUDENT MINISTRIES OFFICE
BRING COPY WITH YOU TO THE EVENT)

EVENT DETAILS:

Convention Cost Will Be: \$

DESCRIPTION OF ACTIVITY: NCN Student Ministries Youth Convention 2017

DATE & LOCATION OF ACTIVITY: November 10-11 at Trinity Life Center in Sacramento, CA

REGISTRATION INFORMATION::

Participant's Name: _____ Age: _____

Address: _____ Male: _____ Female: _____

Hone Phone: (____) _____ - _____ Parent Phone: (____) _____ - _____ Email: _____

Legal Guardian(s) if Participant is a Minor:

Church Name _____ Church Phone: (____) _____ - _____

Church Address _____ City _____ State _____ Zip _____

Supervising Pastor Name _____ Contact Number (____) _____ - _____

FIRST: PARTICIPATION DISCLOSURES AND WAIVERS

Participant and Assemblies of God, Northern California/Nevada District Council, Inc. (hereinafter referred to as "AGNCN") understand and agree that there are a number of various programs undertaken by departments and groups in affiliation with AGNCN, on and off the AGNCN campus facilities, involving activities and individuals that are often not under direct control or supervision of AGNCN, and that there is an overriding policy that each participant involved in these programs does so at their own risk of personal injury or damage to property; and, Participant desires to take part in the activity mentioned herein above, and fully understands and agrees that such activity might involve sporting activities, travel or contacts with other individuals or groups, and the AGNCN has limited or no control over other individuals involved in such activity; and that there is always the risk of physical injury, illness, and other loss, and possible costs or expenses for medical or dental diagnostic and curative treatments, and general and special damages for incidental loss or expense; and, in these premises, Participant does for himself or herself, and for and on behalf of said Participant and his or her family, representatives and heirs, assume the risk of all such injury, loss, expense and damages, to person or property, and does hereby wholly release AGNCN and its agents from all responsibility or liability, and waives any and all claims or causes of action against AGNCN or its agents that might arise from or on account of any sort of loss or injury of or to person or property of any description in this regard; and, as an inducement to AGNCN and its agents to allow the undersigned and such Participant to participate in such activity, does hereby agree to hold harmless AGNCN and its agents from all these things in event any such claim should arise. AGNCN does not act as an insurer, guardian, guarantor or warrantor of health or safety of anyone involved in such activity.

SECOND: DISCLOSURE OF SPECIAL MEDICAL OR OTHER REQUIREMENTS

The undersigned further represents that the Participant suffers from no disability or disease, and has no special requirements for cars, supervision, or medication, other than those listed below:

Participant Allergies and Current Medications:

THIRD: MEDICAL AUTHORIZATION

In the event it should become necessary, whether in emergency or otherwise, where the said Participant cannot act for himself or herself, consent is hereby given for AGNCN through its adult individuals serving as its agents to arrange for and consent to x-ray examinations, anesthesia, dental, medical or surgical diagnosis and/or treatment and hospital care, for said Participant, on behalf of Participant; and, in such event, Participant agrees to assume and pay all costs, charges, fees and expenses incurred in the premises, and to hold harmless AGNCN therefrom. Participant represents and agrees that he or she already has or will provide insurance coverage or payment of such things, at Participant's own expense.

Emergency Contact Name: _____ Daytime Contact:(____) _____ - _____ Evening Contact: (____) _____ - _____

Is AGNCN authorized to approve medical treatment? Yes No

Is Participant covered by personal/family medical insurance? Yes No

If yes, name of Insurer / Insurance Carrier:

Policy/Group #: _____

FOURTH: DISCIPLINE

Participant for themselves or on behalf of such minor child hereby submits to and agrees to abide by all rules and regulations, supervision and discipline set and applied by AGNCN or its agents, and it is agreed that for violation of such rules and regulations, supervision or discipline, the participation in the activity may then be immediately terminated, without liability on AGNCN or its agents.

FIFTH: CONDUCT AGREEMENT:

1. You are responsible to wear your wristband throughout the entire weekend. It is \$5.00 to replace a wristband!
2. **Government/Convention statement: No fireworks, smoking, drinking of alcoholic beverages, drugs, or profanity allowed.**
3. The lack of cooperation, unnecessary roughness, lack of respect of property, or an unwholesome attitude on the part of any person will result in expulsion from the convention. Parents are expected to assist in explaining these rules to their youth and encourage their compliance while at the convention. **Expense of transporting expelled persons home from the convention will be the responsibility of the parents.**

SIXTH: VIDEO/PHOTO

Participants and/or their guardians agree to allow themselves to be photographed or videoed for the purpose of distribution of a video year-book and/or future promotional material.

SEVENTH: ADULT LEADERS—ASSUMPTION OF SUPERVISION AND CRIMINAL BACKGROUND SCREENING

Minor participants register for this event through their local church and the local church assumes responsibility to supervise these participants. It is District Policy that churches may only use Adult Volunteers at a district event that have been screened by the church for criminal behavior. By signing this form, the church verifies that the Adult Volunteer has been cleared through the church’s screening process.

PARTICIPATION 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 the activity described above. Except for **gross negligence** on the part of the sponsor and/or its representatives, including employees, and/or its volunteers, **the Participant (or parent/guardian) accepts personal financial responsibility for any bodily or personal injury sustained during the activity.** Further, the Participant (or parent/guardian) **promises to hold harmless the sponsor (Assemblies of God, Northern California & Nevada District Council, Inc.)** and its representatives, including employees, and its volunteers, for any injury related to the activity.

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 arbitration process.

PARTICIPANT SIGNATURE: _____ / _____ **DATE:** _____
(Signature) (Print Name)

PARENT SIGNATURE: _____ / _____ **DATE:** _____
(Signature) (Print Name)

PASTOR SIGNATURE: _____ / _____ **DATE:** _____
(Signature) (Print Name)