



## Activity Participation Agreement

### ACTIVITY INFORMATION

**Activity Name** The Pulse Twin Cities Event (event is open to the public)  
Depart from and return to Shepherd of the Valley

**Location** (bus transportation to and from US Bank Stadium, 401 Chicago Ave, Minneapolis)

**Date(s)** Friday, May 18, 2018, 4:45–11:00 pm  
Transportation by bus to and from US Bank Stadium. The event is open to the public and large crowds are expected. Students will be assigned to an

**Specific Activities** adult leader at check in and are expected to stay with that leader at all times.

#### *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), 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"), I (the Participant or parent/guardian if Participant is a minor) acknowledge and accept the risks of injury associated with participation in and transportation to and from the Activity. I accept 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 Shepherd of the Valley Lutheran Church or its agents, employees, volunteers, or any other representatives (collectively "Shepherd"). **Further, I, release and promise to indemnify, defend, and hold harmless Shepherd for any injury to the Participant 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 Shepherd, the Participant, or otherwise.**

#### *Medical Authorization*

In the event that the Participant needs immediate medical attention for injuries received while participating in the Activity, I authorize Shepherd to provide the Participant with reasonable first aid and to arrange transport of the Participant to a health care facility for emergency services. In the event I cannot be reached in an emergency, I give permission to the physician selected by Shepherd to order tests and treatment for the health of the Participant.

If the Participant requires use and administration of an epi-pen, prescription, or over-the-counter medication, it is my responsibility to ensure that the medication is with the Participant. If Shepherd is required to administer the medication, I agree to forever release and discharge Shepherd from any and all liability arising out of or resulting from use or administration of the medication.

#### *Photography/Video Authorization*

I release all photography and video of the Participant taken by Shepherd for use in any and all media including digital, electronic, print, television, film, radio and other media as determined by Shepherd. If I **do not agree** to this use, I will indicate this by marking this box .

*Arbitration Agreement*

If a dispute over any part of this agreement or any claim for damages arises, I agree to resolve the matter through a mutually acceptable alternative dispute resolution process. If Shepherd and I 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.

**PARTICIPANT INFORMATION**

Participant (student) Name \_\_\_\_\_

Parent/Guardian Names \_\_\_\_\_

Parent/Guardian Primary Phone \_\_\_\_\_ Parent/Guardian Alternate Phone \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP Code \_\_\_\_\_

**MEDICAL/EMERGENCY INFORMATION**

Emergency Contact Name \_\_\_\_\_

Primary Phone \_\_\_\_\_ Alternate Phone \_\_\_\_\_

Participant allergies or medical conditions \_\_\_\_\_

Name of health insurance company \_\_\_\_\_

Health insurance group number \_\_\_\_\_

Health insurance policy/ID number \_\_\_\_\_

Health insurance phone \_\_\_\_\_

**SIGNATURES**

I have fully read this agreement and understand it. I understand that in consideration of the Participant being permitted to participate in the Activity, I am agreeing to indemnify, defend, and hold harmless Shepherd from any claims alleging negligence which are brought by or on behalf of the Participant or are in any way connected with such participation by the Participant.

Participant (student) Signature \_\_\_\_\_ Date \_\_\_\_\_

Parent/Guardian #1 Signature \_\_\_\_\_ Date \_\_\_\_\_

Parent/ Guardian #2 Signature \_\_\_\_\_ Date \_\_\_\_\_