

\*\*\* PLEASE MAKE SURE THAT YOU BRING THIS PAGE COMPLETED WITH YOUR PILGRIM TO SEND OFF. PLEASE MAKE SURE THAT IT IS FILLED OUT AND ALL THAT IS LEFT IS SIGNING IT AT THE CAMP. \*\*

## Activity Participation Agreement

### Activity Information (To be completed by the activity sponsor)

Name of sponsoring organization: Dayspring Emmaus of Southern Indiana  
Address: 1548 Hwy 62 NW, Corydon, Indiana 47112 Telephone: (812) 550-9106  
Name of sponsor's coordinator: \_\_\_\_\_ Telephone: \_\_\_\_\_  
Description of activity: Three Day Spiritual Retreat – Walk to Emmaus  
Date(s) and location of activity: \_\_\_\_\_ Silver Heights Camp – New Albany, IN 47150

### Participant Information (To be completed by participant or authorized guardian)

Name of participant: \_\_\_\_\_  
Name of parents/guardians: \_\_\_\_\_  
Address: \_\_\_\_\_ Telephone: \_\_\_\_\_  
Name of emergency contact: \_\_\_\_\_  
Telephone (daytime): \_\_\_\_\_ Telephone (evening): \_\_\_\_\_  
List allergies 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: \_\_\_\_\_

### Participant Agreement

I acknowledge that participation in the activity described above involves risk to the participant (and to the participant's parents or guardians, if the 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"), the participant (or parent/guardian if the 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 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 in accordance with the rules of the American Arbitration Association.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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