



## Activity Participation Agreement Form

### Activity Information

Description of Activity: Middle School Food Bank Serving Opportunity Total Cost: No cost  
Location of Activity: Weld Food Bank (1108 H St. Greeley, CO 80631) Date/Time: Sat, April 23<sup>rd</sup>, 8-10:30 am  
Name of Sponsor's Coordinator: Austin Mullins Email: austin@ccgreeley.com Phone: 970-714-4717

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

Name of Participant: \_\_\_\_\_

Participant DOB: \_\_\_\_/\_\_\_\_/\_\_\_\_ Participant Grade Level: \_\_\_\_\_

Participant Telephone: \_\_\_\_\_ Participant Email: \_\_\_\_\_

Name of Parents/Guardians: \_\_\_\_\_

P/G Telephone: \_\_\_\_\_ P/G Email: \_\_\_\_\_

P/G Address: \_\_\_\_\_

Name of Emergency Contact: \_\_\_\_\_ Relationship: \_\_\_\_\_

Telephone (Cell): \_\_\_\_\_ Telephone (Home): \_\_\_\_\_

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: \_\_\_\_\_

I/We hereby grant permission to the sponsor to provide the following over-the-counter drugs (if available) to the participant if requested by the participant of the release: (circle all that apply)

Tylenol Benadryl Advil Sudafed Midol Kaopectate Neosporin

### 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: the risk of exposure to infectious/communicable disease, 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.

Participant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent's/Guardian's Signature: \_\_\_\_\_ Date: \_\_\_\_\_



## Activity Participation Agreement Form

### **Activity Information**

Description of Activity: High School Food Bank Serving Opportunity Total Cost: No cost  
Location of Activity: Weld Food Bank (1108 H St. Greeley, CO 80631) Date/Time: Sat, April 23<sup>rd</sup>, 10-1:15 pm  
Name of Sponsor's Coordinator: Austin Mullins Email: austin@ccgreeley.com Phone: 970-714-4717

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

Name of Participant: \_\_\_\_\_

Participant DOB: \_\_\_\_/\_\_\_\_/\_\_\_\_ Participant Grade Level: \_\_\_\_\_

Participant Telephone: \_\_\_\_\_ Participant Email: \_\_\_\_\_

Name of Parents/Guardians: \_\_\_\_\_

P/G Telephone: \_\_\_\_\_ P/G Email: \_\_\_\_\_

P/G Address: \_\_\_\_\_

Name of Emergency Contact: \_\_\_\_\_ Relationship: \_\_\_\_\_

Telephone (Cell): \_\_\_\_\_ Telephone (Home): \_\_\_\_\_

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: \_\_\_\_\_

I/We hereby grant permission to the sponsor to provide the following over-the-counter drugs (if available) to the participant if requested by the participant of the release: (circle all that apply)

Tylenol Benadryl Advil Sudafed Midol Kaopectate Neosporin

### **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: the risk of exposure to infectious/communicable disease, 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.

Participant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent's/Guardian's Signature: \_\_\_\_\_ Date: \_\_\_\_\_