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# ACTIVITY PARTICIPATION AGREEMENT

*ADULT*

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## Activity Participation Agreement

**READ THIS DOCUMENT ("AGREEMENT") CAREFULLY BEFORE SIGNING**

Event Organizers and Sponsor:  
(Collectively herein referred to as "Sponsor")

Description of Activities:

Date and Location of Activities:

### Participant Information

*(Please Print Legibly)*

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

Address: \_\_\_\_\_ Telephone: \_\_\_\_\_

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

Emergency Contact Telephone: \_\_\_\_\_  
(Day) (Evening)

IN CONSIDERATION of participation in the above activities on the date and at location above (herein the "Activity") I, for myself, and on behalf of my spouse, children, parents, guardians, heirs and next of kin, and any legal and personal representatives, executors, administrators, successors and assigns, hereby agree to and make the following contractual representations:

I hereby represent that: (i) I am in good health and in proper physical condition to participate in the Activity; and (ii) I am not under the influence of any drugs, prescription or otherwise, which would in any way impair my ability to safely participate in the Activity. I agree that it is my sole responsibility to determine whether I am sufficiently fit and healthy enough to participate in the Activity.

I understand and acknowledge the physical rigors associated with the Activity and I understand that participation in the Activity involves risks, hazards and dangers which include, without limitation, injury; increased stress; accident; disease (including Coronavirus/COVID-19); criminal acts (including terrorism); the potential for serious bodily injury; permanent disability; paralysis and death; inaccessibility of medical care; dangers arising from adverse weather conditions; inadequate safety measures; participants of varying skill levels; situations beyond

the immediate control of Sponsor; and other undefined harm or damage which may not be readily foreseeable, and other presently unknown risks and dangers ("Risks"). I understand that these Risks may be caused in whole or in part by my own actions or inactions, the actions or inactions of others participating in the Activity, and I hereby expressly assume all such Risks and responsibility for any damages, liabilities, losses or expenses which I incur as a result of my participation in the Activity. I also accept sole responsibility for my own conduct and actions while participating in the Activity.

#### **WARNING REGARDING COVID-19**

I acknowledge the contagious nature of the Coronavirus/COVID-19 and that the CDC and many other public health authorities recommend practicing social distancing. I further acknowledge that the General Council has put in place preventative measures to reduce the spread of the Coronavirus/COVID-19. I further acknowledge that the General Council cannot guarantee that I will not become infected with the Coronavirus/Covid-19. I understand that the risk of becoming exposed to and infected by the Coronavirus/COVID-19 may result from the actions, omissions, or negligence of myself and others, including, but not limited to, the General Council and its employees and staff. I voluntarily seek to participate in the STL Mission Summit in Cabo San Lucas in December 2020 and acknowledge that I am increasing my risk to exposure to the Coronavirus/COVID-19. I acknowledge that I am solely responsible for compliance with all applicable precautionary measures of my state and local health agencies, and the CDC.

I attest that:

- I am not experiencing any symptom of illness such as cough, shortness of breath or difficulty breathing, fever, chills, repeated shaking with chills, muscle pain, headache, sore throat, or new loss of taste or smell. I understand my travel and participation in the trip will not be permitted if I experience any of these symptoms within 14 days of departure.
- I do not believe I have been exposed to someone with a suspected and/or confirmed case of the Coronavirus/COVID-19. In the event I believe I have been exposed to someone with a suspected and/or confirmed case of the Coronavirus/COVID-19 within 14 days prior to departure, I understand my travel and participation in the trip will not be permitted.
- In the event I am diagnosed with Coronavirus/Covid-19 any time prior to departure and have not yet been cleared as non-contagious by state or local public health authorities, I understand my travel and participation on the trip will not be permitted.
- I am following all CDC, state and local government recommended guidelines as much as possible and limiting my exposure to the Coronavirus/COVID-19.

I understand and agree that if, during my participation in the Activity, Sponsor becomes aware of any serious health issues, injuries, or any other situation that raises significant health or safety concerns, Sponsor has my permission to contact my provided "emergency contact".

#### **GENERAL RELEASE AND ASSUMPTION OF RISK**

**KNOWING THE RISKS DESCRIBED ABOVE, I AGREE, ON BEHALF OF MY FAMILY, HEIRS, AND PERSONAL REPRESENTATIVES, TO ASSUME ALL THE RISKS AND RESPONSIBILITIES SURROUNDING MY PARTICIPATION IN THE ABOVE-DESCRIBED ACTIVITIES, BOTH KNOWN AND UNKNOWN. TO THE MAXIMUM EXTENT ALLOWED BY LAW, I RELEASE, HOLD HARMLESS, AND AGREE TO INDEMNIFY & THE AGK MINISTRY NETWORK, AND THEIR OFFICERS, DIRECTORS, EMPLOYEES, VOLUNTEERS, AND AGENTS, FROM AND AGAINST ANY PRESENT OR FUTURE CLAIMS, LOSSES, LIABILITIES, COSTS AND EXPENSES FOR INJURY TO PERSON OR PROPERTY, OR FOR ANY OTHER DAMAGE, WHICH I MAY SUFFER, OR FOR WHICH I MAY BE LIABLE TO ANY OTHER PERSON, RELATED TO MY PARTICIPATING IN SAID ACVITIVITIES (INCLUDING PERIODS IN TRANSIT TO OR FROM MY DESTINATIONS), RESULTING FROM ANY CAUSE, INCLUDING BUT NOT LIMITED TO NEGLIGENCE ON MY PART OR ON THE PART OF ANY OF THE RELEASED PARTIES; PROVIDED THAT THIS RELEASE OF LIABILITY SHALL NOT APPLY TO GROSS NEGLIGENCE OR WILLFUL OR WANTON MISCONDUCT.**

I hereby warrant that I have read this Agreement carefully, understand its terms and conditions, acknowledge I am giving up substantial legal rights by signing it (including the rights of my spouse, children, parents, guardians, heirs and next of kin, and any legal and personal representatives, executors, administrators, successors and assigns), acknowledge I have signed this Agreement freely and voluntarily, without any inducement, assurance or guarantee. This Agreement represents the complete and entire understanding between the parties regarding these issues and no oral representations, statements or inducements have been made apart from this Agreement. If any provision of this Agreement is held to be unlawful, void, or for any reason unenforceable, then that provision shall be deemed severable from this Agreement and shall not affect the validity and enforceability of any remaining provisions.

Minor children. In the event that I have minor children who will accompany me on this trip, I take full responsibility for their supervision, safety and conduct at all times, and I, acting both on my own behalf and on their behalf as their parent and legal guardian, do hereby assume all risks of death, illness, or injury that they may suffer as a result of said trip, from those causes described above.

I expressly waive any defense to the enforcement of any provision of this commitment arising from a claim of lack of consideration and warrant that this commitment constitutes a legal, valid, and binding obligation upon me enforceable against me in accordance with its terms.

I expressly agree that this assumption of risk, release, and indemnity agreement is intended to be as broad and inclusive as permitted by law. I further state that I HAVE CAREFULLY READ THIS AGREEMENT AND UNDERSTAND ITS CONTENTS, AND I VOLUNTARILY SIGN THIS AGREEMENT AS MY OWN FREE ACT.

I certify that I am age 18 or older. I understand and agree that no oral or written representations can or will alter the contents of this document. I agree that this agreement shall be governed by the laws of the State of Kansas, which shall be the forum for any lawsuits filed under or incident to this agreement or the above-described activities.

I HEREBY ACCEPT THE ABOVE TERMS

\_\_\_\_\_  
DATE

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
PRINTED NAME

Is the participant on any Medication, allergic to anything or have any special needs: if so please list:

*A resource of AG Financial Insurance Solutions.*

*[agkansas.com/network-affiliated-church-resources](http://agkansas.com/network-affiliated-church-resources)*

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# ACTIVITY PARTICIPATION AGREEMENT

MINOR

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## Activity Participation Agreement

### READ THIS DOCUMENT ("AGREEMENT") CAREFULLY BEFORE SIGNING

Sponsor:

Description of Activities:

Date and Location of Activities:

#### **Participant Information**

(To be completed by a parent or an authorized guardian)

Name of Participant:

Email: \_\_\_\_\_

Address: \_\_\_\_\_ Telephone: \_\_\_\_\_

Name of Parents and/or Emergency contact: \_\_\_\_\_

Telephone: \_\_\_\_\_

(Day)

(Evening)

Is participant covered by personal/family medical insurance?

Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, name of Insurer:

Policy or group number:

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I understand and acknowledge the physical rigors associated with the Activity and I understand that participation in the Activity involves risks, hazards and dangers which include, without limitation, injury; increased stress; accident; disease (including Coronavirus/COVID-19); criminal acts (including terrorism); the potential for serious bodily injury; permanent disability; paralysis and death; inaccessibility of medical care; dangers arising from adverse weather conditions; inadequate safety measures; participants of varying skill levels; situations beyond the immediate control of Sponsor; and other undefined harm or damage which may not be readily foreseeable, and other presently unknown risks and dangers ("Risks"). I understand that these Risks may be caused in whole or in part by my own actions or inactions, the actions or inactions of others participating in the Activity, and I hereby expressly assume all such Risks and responsibility for any damages, liabilities, losses or expenses which I incur as a result of my participation in the Activity. I also accept sole responsibility for my own conduct and actions while participating in the Activity.

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- I am following all CDC, state and local government recommended guidelines as much as possible and limiting my exposure to the Coronavirus/COVID-19.

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I hereby warrant that I have read this Agreement carefully, understand its terms and conditions, acknowledge I am giving up substantial legal rights by signing it (including the rights of my spouse, children, parents, guardians, heirs and next of kin, and any legal and personal representatives, executors, administrators, successors and assigns), acknowledge I have signed this Agreement freely and voluntarily, without any inducement, assurance or guarantee. This Agreement represents the complete and entire understanding between the parties regarding these issues and no oral representations, statements or inducements have been made apart from this Agreement. If any provision

of this Agreement is held to be unlawful, void, or for any reason unenforceable, then that provision shall be deemed severable from this Agreement and shall not affect the validity and enforceability of any remaining provisions.

I expressly waive any defense to the enforcement of any provision of this commitment arising from a claim of lack of consideration and warrant that this commitment constitutes a legal, valid, and binding obligation upon me enforceable against me in accordance with its terms.

I expressly agree that this assumption of risk, release, and indemnity agreement is intended to be as broad and inclusive as permitted by law. I further state that I HAVE CAREFULLY READ THIS AGREEMENT AND UNDERSTAND ITS CONTENTS, AND I VOLUNTARILY SIGN THIS AGREEMENT AS MY OWN FREE ACT.

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I HEREBY ACCEPT THE ABOVE TERMS

Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
*(Participant or parent/guardian if participant is a minor)*

Is the participant on any Medication, allergic to anything or have any special needs: if so please list:

\_\_\_\_\_

*A resource of AG Financial Insurance Solutions.*

*agkansas.com/network-affiliated-church-resources*