

The Church at Chets Creek  
High School Ministry  
4420 Hodges Blvd., Jacksonville, FL 32224  
Activity Participation Agreement

High School Activity Information

Description, Date(s) of Activity:

Individual LifeGroup Ministry Opportunities  
Individual LifeGroup Fellowship / Outreach Events  
March 19-21, 2010 - THRIVE Weekend  
July 12-17, 2010 - FUGE Camp

Participant Information

Name of Participant: \_\_\_\_\_  
Address: \_\_\_\_\_ City & Zip: \_\_\_\_\_  
E-Mail: \_\_\_\_\_  
Telephone: \_\_\_\_\_ Emergency Contact: \_\_\_\_\_  
Emergency Contact Telephone: \_\_\_\_\_  
Health Insurance Company: \_\_\_\_\_ Policy # \_\_\_\_\_  
Is student taking any medications? Yes \_\_\_\_\_ No \_\_\_\_\_  
- If Yes, please list: \_\_\_\_\_

I (we), the undersigned, parent(s) or guardian of \_\_\_\_\_, a minor, do hereby authorize the adult youth leaders of The Church at Chets Creek as agent(s) for the undersigned to consent to any X-ray examination, anesthetic, medical, or surgical diagnosis or treatment and hospital care if necessary. It is understood that this authorization is given in advance of any specific diagnosis and/or treatment of hospital care being required, but is given to provide authority and power on the part of the aforesaid agent(s) to give specific consent to any and all such diagnosis, treatment, or hospital care which the physician in the exercise of his/her best judgment may seem advisable. It is understood that this authorization is given for the period of the duration of the event the student is participating in.

Signature (or Parent/Guardian): \_\_\_\_\_ Date: \_\_\_\_\_

Participation & Promotion Agreement

By signing below, the participant (or parent/guardian) acknowledges and accepts the risks of physical injury associated with participation in the activity described above. In consideration of all event coordination provided by Chets Creek Church, the High School Ministry and its volunteer staff, except for gross negligence on the part of the sponsor, 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 sponsoring organization and its representatives for any injury related to the activity.

By signing below, the participant (or parent/guardian) agrees to allow any and all photographs, video or other form of recording taken during the activity described above to be used for promotional purposes for the Church at Chets Creek High School Ministry.

If a dispute arises over this agreement or any other claim for damages arises, the participant (or parent/guardian) agrees to resolve the matter through a mutually acceptable arbitration process.

Signature (or Parent/Guardian): \_\_\_\_\_ Date: \_\_\_\_\_

STATE OF FLORIDA  
COUNTY OF DUVAL

Before me, personally appeared \_\_\_\_\_, who executed this form, and is \_\_\_\_\_ personally known to me or produced \_\_\_\_\_ as identification, this \_\_\_\_\_ day of \_\_\_\_\_, 2010.

\_\_\_\_\_  
Notary Public, State of Florida  
My commission expires: