

# HFUMC ACTIVITY PARTICIPATION CONSENT FORM

Please complete this form EVERY TIME you (or your minor child(ren)) participate in an activity with HFUMC.

## ACTIVITY INFORMATION

Name of sponsoring organization: Hickory Flat United Methodist Church  
Address: 4056 East Cherokee Drive, Canton, GA, 30115 Telephone: (770) 345-5969  
Name of sponsor coordinator: \_\_\_\_\_ Telephone: \_\_\_\_\_  
Description of activity: \_\_\_\_\_  
\_\_\_\_\_  
Date(s) and location of activity: \_\_\_\_\_  
\_\_\_\_\_

## PARTICIPANT INFORMATION (to be completed by participant or an authorized guardian)

Name of participant: \_\_\_\_\_  
Email: \_\_\_\_\_ Telephone: \_\_\_\_\_  
Mailing Address: \_\_\_\_\_  
Name of emergency contact: \_\_\_\_\_  
Emergency contact phone: \_\_\_\_\_  
\_\_\_\_\_  
*(day)* *(evening)*  
Allergies or medical concerns we should be aware of: \_\_\_\_\_  
\_\_\_\_\_  
Is sponsor authorized to approve emergency medical treatment? Yes No  
Is participant covered by personal/family medical insurance? Yes No  
If yes, insurer name: \_\_\_\_\_ Policy or group number: \_\_\_\_\_

## PHOTO CONSENT AND RELEASE

I understand and give permission to HFUMC to use participant's image in any promotional materials produced by the church, which includes all printed materials, video media, and/or electronic images (such as on the church's website.) Yes No

## PARTICIPANT AGREEMENT

By signing below, the participant (or parent/guardian if participant is a minor) acknowledges and accepts the risks of physical injury associated with participation in the activity described above. 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. 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 arbitration process.

\_\_\_\_\_  
Participant's Signature (or parent/guardian if participant is a minor)

\_\_\_\_\_  
Date