

## OASIS ACTIVITY PARTICIPATION AGREEMENT

Name of Sponsoring Organization:

OASIS Outreach Opportunity Inc. Location: 4700 S. Main St. Akron, Ohio 44319

Name of Sponsor's Coordinator: Rev. Lisa Arledge

Description of Activities: Participation in all OASIS activities Dates and location of activities: All activities for one year from the date signed Participant Information (Completed by participant or authorized guardian)

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

Birthdate: \_\_\_\_\_ Age: \_\_\_\_\_

School: \_\_\_\_\_

Name of Parents/Guardian: \_\_\_\_\_

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

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

Telephone (day): \_\_\_\_\_ Telephone

(evening): \_\_\_\_\_

List of allergies or medical conditions: \_\_\_\_\_

Is sponsor authorized to approve Medical treatment? YES NO (circle one)

Is participant covered by medical insurance? YES NO (circle one)

If yes, name of insurer: \_\_\_\_\_

Policy or Group Number: \_\_\_\_\_

Media Release: I, the undersigned, do hereby consent and agree that OASIS Outreach Opportunity, Inc., it's employees, or volunteers have the right to take photographs, videotape, or digital recordings of me or my son or daughter \_\_\_\_\_ beginning on today's date \_\_\_\_\_ and to use these in any and all media, now or hereafter known, and exclusively for the purpose of OASIS Outreach Opportunity, Inc.

**I understand that a ride home must be provided.**

**In the event that I cannot provide a ride home I give my permission for a ONE WAY bus pass to be provided by Oasis Outreach Opportunity, Inc.**

**YES NO (circle one)**

**My child can walk home.**

**YES NO (circle one)**

I hereby do release to OASIS Outreach Opportunity, Inc., it's volunteers, and employees all rights to exhibit this work in print and electronic form publicly or privately.

I represent that I am at least 18 years of age and have read and understand the previous statement. Participation Agreement I acknowledge that participation in the activities 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: sickness, bodily injury, death, emotional injury, personal injury, property damage and financial damage. In consideration for the opportunity to participate in the activities described above (the "Activities"), 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 Activities. The participant (or parent/guardian) accepts personal financial responsibility for any injury or other loss sustained during the activities or during transportation to and from the activities, 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 " Activities Sponsor"). Further the Participant (or parent or guardian) releases and promises to indemnify, defend, and hold harmless the Activities Sponsor for any injury arising directly or indirectly out of the described Activities or transportation to and from the Activities, 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 or 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 pursuant to the rules of the American Arbitration Association. Signature

\_\_\_\_\_ Date: \_\_\_\_\_  
**(Participant) Signature**

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

\_\_\_\_\_ Date: \_\_\_\_\_  
**(Parent/Guardian)**

