

PARTICIPATION AGREEMENT / ASSUMPTION OF RISKS

Consent by Self or Parent/Guardian of a Minor

(PLEASE BRING WITH YOU – KEEP COPY FOR YOURSELF)

Church Name _____ City _____

Supervising Pastor Name _____

DESCRIPTION OF ACTIVITY: [Click here to enter text.](#)

DATE & LOCATION OF ACTIVITY: [Click here to enter text.](#)

Participant's Name: _____ Age: _____

Address: _____

Telephone: _____
(Day) (Evening) (cell)

Legal Guardian(s) if Participant is a Minor: _____

FIRST: PARTICIPATION DISCLOSURES AND WAIVERS

Participant and Assemblies of God, Northern California/Nevada District Council, Inc. (hereinafter referred to as "AGNCN") understand and agree that there are a number of various programs undertaken by departments and groups in affiliation with AGNCN, on and off the AGNCN campus facilities, involving activities and individuals that are often not under direct control or supervision of AGNCN, and that there is an overriding policy that each participant involved in these programs does so at their own risk of personal injury or damage to property; and, Participant desires to take part in the activity mentioned herein above, and fully understands and agrees that such activity might involve sporting activities, travel or contacts with other individuals or groups, and the AGNCN has limited or no control over other individuals involved in such activity; and that there is always the risk of physical injury, illness, and other loss, and possible costs or expenses for medical or dental diagnostic and curative treatments, and general and special damages for incidental loss or expense; and, in these premises, Participant does for himself or herself, and for and on behalf of said Participant and his or her family, representatives and heirs, assume the risk of all such injury, loss, expense and damages, to person or property, and does hereby wholly release AGNCN and its agents from all responsibility or liability, and waives any and all claims or causes of action against AGNCN or its agents that might arise from or on account of any sort of loss or injury of or to person or property of any description in this regard; and, as an inducement to AGNCN and its agents to allow the undersigned and such Participant to participate in such activity, does hereby agree to hold harmless AGNCN and its agents from all these things in event any such claim should arise. AGNCN does not act as an insurer, guardian, guarantor or warrantor of health or safety of anyone involved in such activity.

SECOND: DISCLOSURE OF SPECIAL MEDICAL OR OTHER REQUIREMENTS

The undersigned further represents that the Participant suffers from no disability or disease, and has no special requirements for cars, supervision, or medication, other than those listed below:
