



Heights Church

Activity Participation Agreement

Please complete both sides



Activity Information

Name of sponsoring organization: Heights Church (Prescott Heights Church)
 Address: 2121 Larry Caldwell Dr. Prescott, AZ 86301 Telephone: 928.445.1421
 Name of sponsor's coordinator: Lori Ketring Telephone: 928.458.3235
 Description of activity: Going Vertical Camp Date(s) of activity: June 4th through July 19th enrolled weeks vary
 Location of activity: Church Campus (address above)

Household Information (To be completed by authorized guardian)

Parent's / Guardian's Names: _____
 Address: _____
 Home Telephone: _____ Email: _____
 Mom's Cell Phone: _____ Dad's Cell Phone: _____
 What number should we call in case of an emergency? Mom's Cell Dad's Cell Home Other: _____

Participant Information (To be completed by authorized guardian)

Name of participant/child: _____
 Is Camp Staff Authorized to apply sunscreen to participant? Yes No
 Allergies: NONE or _____ mild severe life threatening
 Health Concerns: NONE or _____
 Protocol: _____
 Special Needs: NONE or _____
 Tools/Strategies: _____

Name of participant/child: _____
 Is Camp Staff Authorized to apply sunscreen to participant? Yes No
 Allergies: NONE or _____ mild severe life threatening
 Health Concerns: NONE or _____
 Protocol: _____
 Special Needs: NONE or _____
 Tools/Strategies: _____

Name of participant/child: _____
 Is Camp Staff Authorized to apply sunscreen to participant? Yes No
 Allergies: NONE or _____ mild severe life threatening
 Health Concerns: NONE or _____
 Protocol: _____
 Special Needs: NONE or _____
 Tools/Strategies: _____

Medical Treatment Information (To be completed by authorized guardian)

Is sponsor authorized to approve medical treatment? Yes No

Are participant(s) covered by personal/family medical insurance? Yes No

If yes, name of insurer: _____

Group number: _____ Policy number: _____

Participation Agreement

In consideration for the opportunity to participate in the above activity, 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 activity. The Participant (or parent/guardian) accepts personal financial responsibility for any injury sustained during the activity or during transportation to and from the activity. Further, the Participant (or parent/guardian) promises to indemnify, defend, and hold harmless the activity sponsor or its agents, employees, volunteers, or any other representatives (collectively referred to hereinafter as the "Sponsor") for any injury related directly or indirectly out of the described activity or transportation to and from the activity, whether such injury arises out of the negligence of the Sponsor or otherwise.

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 alternative dispute resolution process. If the Participant (or parent/guardian) and the Sponsor cannot agree upon such a process, the dispute will be submitted to a three-member arbitration panel of the American Arbitration Association for final resolution.

Print Name: _____

Signature: _____ Date: _____

(Participant - parent/guardian)

At Going Vertical, only those in the system for check in/out or those who check a child in can check them out. If you would like to authorize someone else to pick up your child who is not already authorized in our system, please complete the following*:

Effective Date	Persons Authorized to Pick Up			Parent Initials	Remove Date	Parent Initials
	Name	Relationship to child	Phone #			

* Please note: We will check ID of individuals from this list at time of check out to ensure the authorized individual is picking up.

* Remove Date is the date in which the named person is no longer authorized to pick up the child(ren)