



Activity Participation Agreement

ACTIVITY INFORMATION *(To be completed by the activity sponsor)*

Name of Sponsoring Organization: **THE LOG CHURCH**

Address: **37218 County Road 66, Crosslake 56442** Phone: **218-692-4141**

Name of Sponsor's Coordinator: **Karen van Rooyen** Phone: **952-994-5818**

Description of Activity: **NURSERY**

Date(s) and Location of Activity: **Fall 2026 – Spring 20267**

PARTICIPANT INFORMATION: *(To be completed by parent or authorized guardian)*

Name of Participant: _____ D.O.B. _____

Name of Parent: _____

Address: _____ Phone: _____

Name of Emergency Contact: _____

Phone (daytime): _____ (evening): _____

List Allergies or Medical Condition(s): _____

Is Sponsor Authorized to approve medical treatment? ☐ Yes ☐ No

Is Participant covered by personal/family medical insurance? ☐ Yes ☐ No

If YES, Name of Insurer: _____

Insurance Policy Group Number: _____

PARTICIPATION AGREEMENT

I acknowledge that participation in the activity described above involves risk to the participant (and to the participant's parents or guardians, if the participant is a minor), and may result in various types of injury including, but not limited to, the following: sickness, exposure to infectious/communicable disease, bodily injury, death, emotional injury, personal injury, property damage, and financial damage.

In consideration for the opportunity to participate in the activity described above (the "activity"), the participant (or parent/guardian if the 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 or other loss sustained during

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the activity or during transportation to and from the activity, 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 as the “activity sponsor”). Further, the participant (or parent/guardian) releases and promises to indemnify, defend, and hold harmless the activity sponsor for any injury arising 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 activity sponsor, the participant, 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 activity sponsor cannot agree upon such a process, the dispute will be submitted to a three-member arbitration panel for resolution in accordance with the rules of the American Arbitration Association.

Signature: _____

Date: _____

Signature: _____

Date: _____

Signature: _____

Date: _____

Photo and Video Release for Children and Youth Programs

I hereby Authorize members of my family, including minor children, to be photographed and/or recorded during church related events at The Log Church (Crosslake Evangelical Free Church).

I understand that these photographs and/or videos may be used for the church's event program use; print and/or online promotional and/or marketing materials; and/or prayer partner support.

I release The Log Church (Crosslake Evangelical Free Church) from any reasonable expectation of privacy or confidentiality associated with the images specified above. I further acknowledge that our participation is voluntary, and we will not receive financial compensation of any type associated with the taking or publication of these photographs or videos.

I hereby release The Log Church (Crosslake Evangelical Free Church), its employees, or any third parties involved in photographing or recording for the church from liability for any claims by us or any third party in connection with our participation.

List minor Child(ren): _____

Name of Parent/Legal Guardian (Please Print) _____

Signature_____ Date_____

☐ I decline to authorize the photographing and/or recording of my minor children.

Name of Parent/Legal Guardian (Please Print) _____

Signature_____ Date_____