

RLF Activity Participation Agreement

PARTICIPANT INFORMATION (TO BE COMPLETED BY PARTICIPANT OR AUTHORIZED GUARDIAN)

Name of participant:	
Name of parents/guardians:	
Address:	Phone:
Name of emergency contact:	
Telephone (daytime):P	none (evening):
List allergies or medical conditions:	
Is sponsor authorized to approve medical treatmen	nt? □Yes □No
Is participant covered by personal/family medical ins	surance? □Yes □No
If yes, name of insurer:	
Policy or group number:	
PARTICIPATION AGREEMENT	
I acknowledge that participation in RLF activities in participant's parents or guardians, if the participant injury including, but not limited to, the following: si disease, bodily injury, death, emotional injury, persodamage.	t is a minor), and may result in various types of ckness, exposure to infectious/communicable
In consideration for the opportunity to participate, participant is a minor) acknowledges and accepts the in and transportation to and from the activities. The personal financial responsibility for any injury or oth during transportation to and from the activity, as we the participant that is authorized by the sponsor or other representatives (collectively referred to as the (or parent/guardian) releases and promises to indee sponsor for any injury arising directly or indirectly of and from the activity, whether such injury arises the participant, or otherwise.	ne risks of injury associated with participation a participant (or parent/guardian) accepts her loss sustained during any RLF activity or well as for any medical treatment rendered to its agents, employees, volunteers, or any e "activity sponsor"). Further, the participant mnify, defend, and hold harmless the activity out of the described activity or transportation
If a dispute over this agreement or any claim for dar parent/guardian) agrees to resolve the matter throus resolution process. If the participant (or parent/gua upon such a process, the dispute will be submitted to resolution in accordance with the rules of the American	ugh a mutually acceptable alternative dispute ordian) and the activity sponsor cannot agree to a three member arbitration panel for
Parent/Guardian Signature:	Date: