



## Participation Agreement

### Service Week Information

Name of sponsoring organization: Westminster Presbyterian Church

Address: 533 S. Walnut St., Springfield, IL 62704 Telephone: 217-522-4415

Name of service week coordinator: The Rev. Dr. Blythe D. Kieffer Telephone: 217-522-4415

Description of activity: Minor projects (i.e. power wash, paint, install fences, replace front porch stairs and brick sidewalk)

Date(s) and location of activity: June 27 – July 1, 2022 within two block circumference of 533 S. Walnut St., Springfield, IL

### Participant Information

Name of participant: \_\_\_\_\_ T-shirt Size: \_\_\_\_\_

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

Name of emergency contact: \_\_\_\_\_

Telephone (Day): \_\_\_\_\_ Telephone (evening): \_\_\_\_\_

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

Is Sponsor authorized to approve medical treatment?  Yes  No

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

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

Policy or group number: \_\_\_\_\_

### Participation Agreement

I acknowledge that participation in the Service Week described above involves risk to me 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”), I acknowledge and accept the risks of injury associated with participation in and transportation to and from the Activity. I accept personal financial responsibility for any injury or other loss sustained during the Activity or during transportation to and from the Activity, as well as for any medical treatment rendered to me that is authorized on my behalf by the Sponsor or its agents, employees, volunteers, insurers, attorneys, or any other representatives (collectively referred to hereinafter as the “Activity Sponsor”).

Further, I release and promise to indemnify, defend, and hold harmless the Activity Sponsor from any injury I may suffer 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, my negligence, or otherwise.

If a dispute over this Agreement or any claim for damages arises, I agree to resolve the claim exclusively through a mutually acceptable alternative dispute resolution process. If the Activity Sponsor and I cannot agree upon such a process, I agree that the dispute will be submitted to a three-member arbitration panel for resolution in accordance with the rules of the American Arbitration Association.

Participant Signature: \_\_\_\_\_ Date: \_\_\_\_\_