



WESTMINSTER PRESBYTERIAN CHURCH
STEADFAST NEIGHBOR SERVICE WEEK

Youth Participation Agreement
 (Individuals under the age of 18 during the service week)

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, installing 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 *(To be completed by authorized parent or guardian)*

Name of youth participant: _____ T-shirt Size: _____

Name of parent/guardian: _____

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 the participant and to the participants parents or guardians, 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, as the parent/guardian, on behalf of my child and myself acknowledge and accept the risks of injury to my child associated with participation in and transportation to and from the Activity. I, as the parent/guardian, 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 the participant that is authorized by the Sponsor or its agents, employees, volunteers, or any other representatives (collectively referred to hereinafter as the "Activity Sponsor").

Further, I, as the parent/guardian, release and promise 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, I, as the parent/guardian agree to resolve the matter through a mutually acceptable alternative dispute resolution process. If the Activity Sponsor and parent or guardian 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.

Youth Signature: _____ Date: _____

Parent/guardian Signature: _____ Date: _____