

Activity Participation Agreement

ACTIVITY INFORMATION (To be completed by the activity sponsor)

Sponsoring organization: Cadence International, 101 W. Jefferson Avenue Englewood, CO 80110	
Name of sponsor's coordinator _____	Phone _____
Description of activity _____	
Date(s) and location of activity _____	

PARTICIPANT INFORMATION (To be completed by participant or authorized guardian if the participant is a minor)

Name of participant _____		
Name of parents/guardians _____		
Address _____	Phone _____	
Name of emergency contact _____		
Phone: Mobile _____	Daytime _____	Evening _____
List allergies or medical conditions _____		
Is sponsor authorized to approve medical treatment?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Is participant covered by personal/family medical insurance?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If yes, name of insurer _____	Policy or 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 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 _____

IMAGE, VIDEO, AND STORY RELEASE FORM

Please check the following to confirm your release:

_____ I grant permission to Cadence International to use my story, video, and/or images provided by me or taken of me during a Cadence gathering. Without further notification, the materials may be used for mission publications.

_____ This release includes the use in both internal and external publications, such as: website feature articles, social media posts, donor letters, grant applications, and general publicity.

_____ I release Cadence International and its employees from any claims, damages, or liability.

_____ I am at least 18 years of age* and competent to sign this release. I have read this release before signing and I understand this agreement and accept the terms.

_____ I understand that this document will be submitted electronically. By inserting my name I agree to the terms and conditions.

Signature _____ Date _____

***If not 18 years of age, Signature of Authorized Guardian is required.**

Signature _____ Date _____