



# VCSI Participation Agreement

This form is required to be filled out for each Valor field trip &/or off campus activity.

ACTIVITY INFORMATION	
Teacher/Staff: _____	Class/Grade: _____ Activity Date: _____
Sponsoring School: Valor Christian School International   3350 S.W. 182 <sup>nd</sup> Ave.   Beaverton, OR 97003	
EVENT INFORMATION	
Activity Site: _____	Notes: _____
Activity Address: _____	Phone Number and Contact Person: _____
PARTICIPANT INFORMATION AND INSURANCE	
<b>Participant Information:</b> (To be completed by participant or authorized guardian) <b>Name of Participant:</b> _____  <b>Name of Guardian:</b> _____ <b>Address:</b> _____  <b>City:</b> _____ <b>State:</b> _____ <b>Zip:</b> _____  <b>Phone:</b> (____) - _____ - _____  <b>E-mail:</b> _____  <b>Allergies or medical conditions:</b> _____	<b>Is the sponsor authorized to approve medical treatment?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No <b>Is the participant covered by personal/family medical/accident insurance?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No <b>Name of Insurer:</b> _____  <b>Policy/Group Number:</b> _____  <b>Emergency Contact:</b> _____  <b>Phone (Day):</b> (____) - _____ - _____  <b>Phone (Eve):</b> (____) - _____ - _____
ACTIVITY PARTICIPATION AGREEMENT	
<p>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, bodily injury, death emotional injury, personal injury, property damage and financial damage.</p> <p>In consideration for the opportunity to participate in the activity described above (the "Activity") the participant (or parent/guardian if participant is a minor) acknowledges and accepts the risks of injury associated with the 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 hereinafter as the "Activity Sponsor"). Further, the Participant (or parent/guardian) releases and promises to indemnify, defend, and hold harmless the activity sponsor, authorized employees/volunteers or student organizations 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. The activity sponsor, authorized employee/volunteer or student organizations will not be responsible for payment of medical services resulting from such accidents or injuries.</p> <p>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 pursuant to the rules of American Arbitration Association.</p>	
PARENT CONSENT	
Student Signature: _____	Date: _____
Parent/Guardian Signature: _____	Date: _____
Parent/Guardian Signature: _____	Date: _____