

**Saint Matthew's Episcopal Church
Woman's Retreat
Activity Participation Agreement**

Activity Information

Sponsoring Organization: Saint Matthew's Episcopal Church
Event Location: Chapel Rock 1131 Country Club Rd., Prescott, AZ 86303
Event Telephone: 1-877-445-3499
Name of Sponsor Coordinator: Sheri Smith and Debby Hardy
Telephone of Sponsor Coordinator: 480-726-8047 (Sheri)
Event Date(s) and Time(s): Friday, October 29 – Sunday, October 31, 2010
Cost: \$150.00 plus money for Friday dinner

Participant Information Communal

Name of Participant: _____ Cell Phone: _____

Address: _____ Telephone: _____

Name and Phone of Emergency Contact: _____

Are event sponsors authorized to approve medical treatment? Yes No

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

If yes, name and telephone of insurer: _____

Policy or group number: _____

The following information concerns participant's allergies, medications or restricted activities:

By signing below, the participant acknowledges and accepts the risks of physical injury associated with participation in the activity described above. Except for gross negligence on the part of the sponsor, the participant accepts personal financial responsibility for any bodily or personal injury sustained during the activity. Further, the participant promises to hold harmless the sponsoring organization and its representatives for any injury related to the activity.

If a dispute over this agreement or any claim for damages arises, the participant agrees to resolve the matter through a mutually acceptable arbitration process.

Signature: _____ Date: _____

(Participant)

E-mail address _____

Roommate request _____