



ACTIVITY INFORMATION

Name of sponsoring organization: Iron Works Church			
Address: 400 Franklin Ave., Ste. 245, Phoenixville, PA 19460	Phone: <u>484-928-0560</u>		
Name of coordinator: Sheyna Land	Phone: <u>570-730-9539</u>		
Description of activity:			
Dates and location(s) of activity:			
PARTICIPANT INFORMATION (to be completed by partici	ipant or authorized guardian)		
Name of participant(s):			
Name of parents/guardians:			
Address:	Phone:		
Name of emergency contact:			
Daytime telephone: Evening	telephone:		
List allergies or medical conditions:			

Is sponsor a	authorized to a	approve medical treatment?	Yes	No	IRON WORKS CHURCH
Is participar insurance?	nt covered by	personal/family medical	Yes	No	
If yes, name	e of insurer:				
Policy or gr	oup number:				
acknowledg to the particing, bu	ipant's parents ut not limited t	MENT pation in the activity described a or guardians, if the participant i o, the following: sickness, expos ury, personal injury, property da	s a minor), ar sure to infecti	nd may result ious/commun	t in various types of injury nicable disease, bodily
n considerate participant (considerate was sociated was compared by the constant of the consta	tion for the oper parent/guard with participation sonal financial in the and from the sponsor is the "activity lefend, and hoctivity or transproports of the participation of the	portunity to participate in the acdian if the participant is a minor) on in and transportation to and fresponsibility for any injury or ot the activity, as well as for any mor its agents, employees, volunt sponsor"). Further, the participald harmless the activity sponsor portation to and from the activity rticipant, or otherwise. ment or any claim for damages a mutually acceptable alternative.	ctivity describe acknowledge from the active her loss sustant edical treatments eers, or any ont (or parent/ for any injury or, whether such	ned above (the les and accep vity. The parti- lained during to ment rendered other represe (guardian) relay arising direct ch injury arise	the "activity"), the pots the risks of injury icipant (or parent/guardian) the activity or during do to the participant that is entatives (collectively leases and promises to extly or indirectly out of the est out of the negligence of parent/guardian) agrees to
oarent/guard	dian) and the a er arbitration p	a mutually acceptable alternative ctivity sponsor cannot agree upopanel for resolution in accordance	on such a pro	ocess, the disp	pute will be submitted to a
Signature:				Date:	
Signature:				Date:	