

# ACTIVITY PARTICIPATION AGREEMENT

Woodland Park Community Church *RADIX*  
800 Valley View Dr.  
Woodland Park, CO 80863

## ACTIVITY INFORMATION

WPCC 4-6th grade *RADIX* is going to Woodland Park Aquatic Center for the Radix End of Year Celebration. This event takes place on May 8, 2026, 7:00-9:00pm. While there, kids may participate in the following events:  
Swimming, diving, bouncing, etc.

## Participant Information

Name of Participant \_\_\_\_\_

Name of Parents/Gaurdians \_\_\_\_\_

Phone Number \_\_\_\_\_

Email \_\_\_\_\_

List any medical concerns or allergies \_\_\_\_\_

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## Participation Agreement and Release

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.

**Authorization for Consent to Medical Treatment:**

I give my informed consent to any First Aid personnel assigned by WOODLAND PARK COMMUNITY CHURCH to provide basic First Aid and comfort measures to my child through standardized treatment procedures which includes the use of over-the-counter medications. I authorize WOODLAND PARK COMMUNITY CHURCH to arrange for and/or provide any necessary related transportation for my child to the nearest medical facility for urgent or emergency medical treatment if indicated, and I do assume all responsibility for payment for such treatment. I hereby authorize and consent for my child to receive any x-ray, examination, anesthetic, medical or surgical diagnosis rendered under the general or special supervision of any member of the medical staff and emergency room staff licensed under the provisions of the Medicine Practice Act or a dentist licensed under the provisions of the Dental Practice Act and on the staff of any acute general hospital holding a current license to operate a hospital from the State of Colorado Department of Public Health. I understand that this authorization is given in advance of any specific diagnosis, treatment or hospital care being required, but is given to provide authority and power to render care to my child to which the aforementioned medical and dental professionals in the exercise of their best judgment may deem advisable. I understand that every effort shall be made to contact me prior to rendering any treatment to my child, but that any of the above treatment will not be withheld if I cannot be reached.

**In signing this Agreement, I hereby acknowledge and represent that I have read this entire document, that I understand its terms and provisions, that I understand it affects my legal rights and those of my child, that it is a binding Agreement, and that I have signed it knowingly and voluntarily.**

\_\_\_\_\_ (Date)  
(Print Name of Parent/Guardian) (Signature)