

Family Last Name: \_\_\_\_\_  
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## **Trinity Home Educators** **2024/2025**

### **Activity/Participation Agreement and Insurance/Liability Waiver** **(7/4/2024)**

#### **Activity Information:**

Name of sponsoring organization: Trinity Home Educators

Host Facility: Agape Faith Church

Name of Sponsor's coordinator: Aundrea Hildreth Phone: (336) 671-4927

Description of activity: meeting for educational facilitating in classrooms

Dates of activity: Wednesdays during the 2024/2025 school year (August-May)

Location of activity: 2101 Lewisville-Clemmons Road Clemmons, NC 27012

#### **Participant Information:**

**(to be completed by parent or authorized guardian)**

Name of participant(s):

Last: \_\_\_\_\_ First: \_\_\_\_\_

Student 2: Last: \_\_\_\_\_ First: \_\_\_\_\_

Student 3: Last: \_\_\_\_\_ First: \_\_\_\_\_

- Please list additional students on same type of form and attach with signatures.

Address: \_\_\_\_\_

Family Last Name: \_\_\_\_\_  
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Name of Emergency Contact:  
\_\_\_\_\_

Phone Number: \_\_\_\_\_ Mobile Number:  
\_\_\_\_\_

Is contact authorized to approve medical treatment? \_\_\_\_\_ Yes \_\_\_\_\_ No (Initial Please)

Is participant covered by personal/family insurance? \_\_\_\_\_ Yes \_\_\_\_\_ No (Initial Please)

If yes, name of insurer: \_\_\_\_\_

Policy or group number: \_\_\_\_\_

In consideration of the opportunity to participate in the above activity and any additional activity scheduled with Trinity Home Educators, the Participant and Participants Family acknowledges and accepts the risks of injury associated with participation in the activity(s) with Trinity Home Educators. The Participant and Participants Family accepts personal financial responsibility for any injury sustained during the activity(s). Further, the Participant and Participant Family promises to indemnify, defend, and hold harmless the Host Facility and/or the Sponsor or its agents, employees, volunteers, or any other representatives (collectively referred to hereafter as the "Sponsor") for any injury related directly or indirectly to the described activity(s), whether such injury arises out of the negligence of the Host Facility, Sponsor, or otherwise.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
\_\_\_\_\_  
(Parent/Guardian of Participant)

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

(Parent/Guardian of Participant)

Family Last Name: \_\_\_\_\_  
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Participant (Student) Signature: \_\_\_\_\_ Date:  
\_\_\_\_\_

Participant (Student) Signature: \_\_\_\_\_ Date:  
\_\_\_\_\_

Participant (Student) Signature: \_\_\_\_\_ Date:  
\_\_\_\_\_