



Activity Participation Agreement

Activity Information

(To be completed by activity sponsor)

Name of sponsoring organization (Sponsor): Crossroads Family Ministries

Address: 200 W Lockhart St. Sayre, PA 18840 Telephone: (570) 888-2347

Name of sponsor co-coordinator: Pastor Tyler Schutt

Phone Number: (607)425-1588 Email: pastortyler98@gmail.com

Date: January 2024-January 2025

Participant Information

(To be completed by an authorized guardian)

Name of Participant: _____ Date of Birth: ____/____/____

Address: _____ Telephone: _____

Name of Emergency Contact: _____

Is sponsor authorized to approve medical treatment? Yes No

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

If yes, name of insurer: _____

Policy or group number: _____

Do you consent to your child appearing in photos/videos for promotional use and social media posts for Cornerstone or CFM? Yes No

Parents scan this!



Participant Agreement

By signing below, the participant (or parent/guardian if participant is under the age of 18) acknowledges and accepts the risks of physical injury associated with participation in the activities of Crossroads Family Ministries. Except for gross negligence on the part of the Sponsor, the Participant (or parent/guardian) accepts personal financial responsibility for any bodily or personal injury sustained during activity. Further, the participant (or parent/guardian) 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 (or parent/guardian) agrees to resolve the matter through a mutually acceptable arbitration process.

Signature: _____ Date: _____

(To be signed by parent/guardian if the participant is a minor)