

Date _____

This release is active for the calendar year 20____/20____

ADULT VOLUNTEER
Sumter United Ministries Construction Ministry / Restore Projects
Form for Participant Including a Release of Liability and Agreement to Indemnify, Medical
Authorizations, and a Publicity Release.

Participant's Name _____

Name you like to be called _____ Date of Birth _____ Age _____

Address _____ City _____ State/Zip _____

E-mail Address _____

Home Phone _____ Cell Phone _____ Church _____

Shirt Size (Circle One) All Sizes are Adult: **XS S M L XL XXL XXXL**

Please include area code with all telephone numbers.

Other Responsible Person or Next of Kin (Adult)

Name _____ Relationship _____

Address _____ Phone No. _____

Physician's Name _____ Phone No. _____

Address _____ City _____ State _____ Zip _____

Do you have health insurance? YES NO

If yes, Health Insurance Information is optional.

Health Insurance Company _____ Policy No. _____

Address _____ Phone No. _____

Health Information

Allergies _____

Recent Illness or Injuries _____

Medications you are taking _____

Are there any other health conditions which we need to know about? _____

You should have a current tetanus booster (within last 10 years)

ADULT VOLUNTEER FORM

PLEASE BE AWARE: SUMTER UNITED MINISTRIES CONSTRUCTION MINISTRY / RESTORE PROJECTS INVOLVES EXPERIENCES WHICH HAVE CERTAIN RISKS AND HAZARDS ASSOCIATED WITH IT. THESE RISKS INCLUDE, BUT ARE NOT LIMITED TO, THE USE OF POWER AND HAND TOOLS, BUILDING REPAIR HAZARDS, NORMAL HOUSEHOLD HAZARDS, AND INFECTIOUS DISEASES. CONSENT FOR PARTICIPATION, RELEASE OF LIABILITY, AND INDEMNIFICATION AGREEMENT

I _____ (Participant's Name) willingly request to attend and participate in Sumter United Ministries Construction Ministry. In consideration for me, I **KNOWINGLY AND FREELY ASSUME ALL RISKS AND HAZARDS** related to the Construction Ministry activities including, but not limited to, transportation to and from the Construction Ministry, vendors, worship, meals, and service sites, **EVEN IF ARISING FROM THE NEGLIGENCE OF THOSE ENTITIES AND PERSONS RELEASED FROM LIABILITY BELOW**, and **ASSUME FULL RESPONSIBILITY FOR PARTICIPATION** in the Construction Ministry; further, I, and on behalf of my heirs, do **HEREBY RELEASE, DISCHARGE, AND HOLD HARMLESS** the Sumter United Ministries and its trustees, officers, employees, and agents, as well as the organizers, sponsors, supervisors, counselors, chaperones, and other support staff persons for the Construction Ministry (collectively referred to hereinafter as the "Releasees"), **WITH RESPECT TO ANY LOSS, INJURY, OR OTHER DAMAGE** to me arising out of or in any way related to activities at the Construction Ministry including , but not limited to, transportation to and from the Construction Ministry, vendors, worship, meals, and service sites, **WHETHER CAUSED BY THE NEGLIGENCE OF THE RELEASEES OR OTHERWISE**, except that which is the result of willful or wanton misconduct. I further agree to **INDEMNIFY AND HOLD HARMLESS** the Releasees from any claims, losses, injuries, or other damages related to or arising from the above named participant's attendance or participation in the Construction Ministry including, but not limited to, any claims submitted by or on behalf of the participant. **I HAVE READ THIS RELEASE OF LIABILITY AND ASSUMPTION OF RISK AGREEMENT, FULLY UNDERSTAND ITS TERMS, UNDERSTAND THAT I HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT, AND SIGN IT FREELY AND VOLUNTARILY WITHOUT ANY INDUCEMENT.**

MEDICAL AUTHORIZATION

TO: THE ATTENDING PHYSICIAN AND/OR HOSPITAL

I hereby authorize reasonable and necessary medical care, including, but not limited to, any emergency surgical procedure or hospitalization deemed necessary by a qualified and licensed physician for the welfare of the above named participant until such time as you are able to reach me/us personally.

CONSENT TO DISCLOSE MEDICAL INFORMATION

I further authorize the Releasees and their authorized representatives to disclose any health-related information of the above named participant to any healthcare provider.

PUBLICITY RELEASE

In consideration for the participant being allowed to attend and participate in this activity, I, for myself, hereby authorize the Releasees to record the participant's picture and voice on or in photographs, films, audiotapes, and/or videotapes and to incorporate and use these recordings in any manner of media whatsoever, including unrestricted use of the recordings for purposes of publicity and advertising, and hereby release, discharge, and hold harmless the Releasees from any and all claims and liability for damages, losses, or expenses of any sort relating to the recordings.

I HAVE CAREFULLY READ THIS DOCUMENT AND FULLY UNDERSTAND ITS CONTENTS.

In witness whereof, I have executed this form on the date indicated below.

Date _____ **Participant's Signature** _____

NAME _____

Construction/ Repair Experience

Please rate your experience with the following:

	Amateur ----- Skilled -----Professional										
Carpentry/framing	0	1	2	3	4	5	6	7	8	9	10
Finish carpentry	0	1	2	3	4	5	6	7	8	9	10
Dry wall	0	1	2	3	4	5	6	7	8	9	10
Brick masonry	0	1	2	3	4	5	6	7	8	9	10
Painting	0	1	2	3	4	5	6	7	8	9	10
Electrical	0	1	2	3	4	5	6	7	8	9	10
General Building Repair	0	1	2	3	4	5	6	7	8	9	10
Window/Door Replacement	0	1	2	3	4	5	6	7	8	9	10
Plumbing	0	1	2	3	4	5	6	7	8	9	10
Heating/AC	0	1	2	3	4	5	6	7	8	9	10
Roofing	0	1	2	3	4	5	6	7	8	9	10
Concrete	0	1	2	3	4	5	6	7	8	9	10
Vinyl Siding	0	1	2	3	4	5	6	7	8	9	10

Please describe any other experience you have that may be relevant to the Construction Ministry / Restore projects: _____
