

MEDICAL RELEASE FORM/ Activities Release form

(Make enough copies for each team. Three must be given to the staff upon arrival at the Center, the others are to be kept in each team vehicle at all times.)

Name _____ Phone() _____ Birthdate _____
Last First M.I.

Address _____
Street City State/Zip Code
Church Name _____ Phone() _____

Church Address _____
Street City State/Zip Code

Relative in case of emergency:

Father's name _____ Daytime Phone () _____
Evening () _____

Father's address _____
Street City State/Zip Code

Mother's name _____ Daytime Phone () _____
Evening () _____

Mother's address _____
Street City State/Zip Code

Other relative or responsible person:

Name _____ Relationship _____ Day Phone () _____
Evening () _____

Address _____
Street City State/Zip Code

Medications you cannot take: _____
Allergies/ special health problems or concerns: _____

Insurance Co. _____ Policy # _____ Phone () _____

Address _____
Street City State/Zip Code

Policy Holder's I.D. Number _____

Doctor's name _____ Phone () _____

Address _____
Street City State/Zip Code

Have you participated in work camps before? Yes _____ No _____

STATEMENT OF ACTIVITIES AND RELEASE

Three copies of this form must be given to the staff upon arrival at the Center. The other to be kept in vehicle at all times.

Emergency home repair is a program of Mustard Seeds and Mountains. Volunteers participating in the activities of the program will be expected to be involved in specific home repair and home building activities including, but not limited to: roofing, carpentry, sheetrocking (or drywalling), digging, building steps, plumbing, glasswork, insulating, painting, flooring, masonry, electrical wiring, and other facets of home repair, remodeling and renovation. These activities include, but are not limited to: the use of power tools such as saws and drills as well as the use of hand tools. The aforementioned activities will also require climbing with and without supplies, tools and materials as well as working in high places such as atop roofs, and other facets of construction work.

Volunteers may, in their free time, engage in non-sponsored activities including, but not limited to: hiking, swimming, basketball, volleyball, baseball, football, frisbee, or other sports activities of their choosing. Planned evening activities include, but are not limited to: visiting strip mines, traveling to visit places or people of regional interest.

NOTE: Volunteers are not required to engage in any work or recreational activity in which they feel they are not able to safely participate.

The foregoing Statement of Activities and the Mustard Seeds have been read and the extent and nature of the activities which will be participated in are understood and Mustard Seeds and Mountains, its agents, employees, and any and all persons connected therewith are hereby released and discharged from any and all liability, claims, and causes of action of any type whatsoever arising out of or in any way connected with participation in the activities of the home repair program of Mustard Seeds and Mountains.

In the event of an emergency or non-emergency situation in which medical treatment is required as a result of participation in the home repair program of Mustard Seeds and Mountains, every reasonable effort will be made to contact the persons listed. If unsuccessful in contacting the persons listed, consent/permission is given for treatment by competent medical personnel.

Further, consent/permission is hereby given to the following persons (in priority order) to hospitalize, secure proper treatment for, and to order injection, anesthesia, or surgery (under recommendation of qualified medical personnel): (preference consideration should be given to those adults in attendance with the Mustard Seeds and Mountains work group from your church/group).

1. _____ 2. _____ 3. Physician selected by M&M staff.

I also agree that my Insurance Co. will be used for such medical care and I am aware that I may be billed by the medical provider for any medical treatment not covered by my insurance.

This is the _____ day of _____, 200_____.

Signatures/Relationship (Parents or Guardians of minor participants) Date

Signature (Minor participant) Date

Signature (Participant) I certify that I am 18 years of age or older. Date