



# 2017 Participant Form

### Group Leaders:

- Bring one copy of this document to registration
- Keep a photocopy for yourself to have with you in case of emergency at Mission Event.
- Attach a photocopy of insurance card.

### Church information:

Hands of Hope Location Janesville, WI  
 Group Leader \_\_\_\_\_  
 Group Leader's cell # at Mission Event (\_\_\_\_) \_\_\_\_\_

Name of Your Church: \_\_\_\_\_  
 Church City \_\_\_\_\_ State \_\_\_\_\_

### Participant's information:

Participant Name \_\_\_\_\_  
 Phone Numbers: Home (\_\_\_\_) \_\_\_\_\_  
***In Case of Emergency, notify:*** \_\_\_\_\_  
 Phone Numbers: Home (\_\_\_\_) \_\_\_\_\_  
 Work (\_\_\_\_) \_\_\_\_\_

Age \_\_\_\_ Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_ If still in school-  
 Grade Completed \_\_\_\_\_  
 Cell (\_\_\_\_) \_\_\_\_\_  
 Relationship to participant \_\_\_\_\_  
 Cell (\_\_\_\_) \_\_\_\_\_  
 Other (\_\_\_\_) \_\_\_\_\_

### Medical Profile:

Generally, the participant's health is: \_\_\_\_\_ (check one)  Excellent  Good  Fair  Poor  
 If Fair or Poor, please explain the condition: \_\_\_\_\_  
 List any medical difficulties which are currently being treated: \_\_\_\_\_

Check any of the following that cause you problems and explain:

- |                                    |  |   |                                    |   |
|------------------------------------|--|---|------------------------------------|---|
| <input type="checkbox"/> Asthma    | <input type="checkbox"/> Bronchitis    | <input type="checkbox"/> Diabetes       | <input type="checkbox"/> Dizziness | <input type="checkbox"/> Food Allergies |
| <input type="checkbox"/> Hay Fever | <input type="checkbox"/> Heart Trouble | <input type="checkbox"/> Kidney Trouble | <input type="checkbox"/> Sinusitis | <input type="checkbox"/> Stomach Upset  |

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

List any medicines or substances to which you are ALLERGIC: \_\_\_\_\_

List any previous operations or serious illnesses: \_\_\_\_\_

List any medications you are currently taking: \_\_\_\_\_

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

List any special diet or special needs: \_\_\_\_\_

Date of Tetanus Immunization \_\_\_\_/\_\_\_\_/\_\_\_\_

Family Physician \_\_\_\_\_

Insurance Company \_\_\_\_\_

Subscriber Name \_\_\_\_\_

Work Phone (\_\_\_\_) \_\_\_\_\_

Employer \_\_\_\_\_

Phone (\_\_\_\_) \_\_\_\_\_

Policy # \_\_\_\_\_

Subscriber ID Number \_\_\_\_\_

Group Number \_\_\_\_\_

Occupation \_\_\_\_\_

**Permission, Acknowledgements, Release, Indemnity**

In consideration of Participant's ability to participate in the Mission Event and Mission Event-related event(s), I, the undersigned Participant, (and, if Participant is a minor, I the undersigned Parent/Guardian) hereby:

**A. Permission For Medical Treatment:** Grant my permission for any Mission Event or event director, church staffer or counselor. Mission Event or event or venue staffer, or adult present or in charge of First Aid, to obtain necessary medical attention in case of sickness or injury to Participant, including transporting Participant to a medical facility and sharing the above information with medical personnel, and further hereby give permission for medical personnel to administer medical care to Participant, as necessary.

**B. Mission Event Activities Acknowledgement and Permission:**

Acknowledge that

- 1) many mission activities particularly including but not limited to roofing, painting, installing doors, installing windows, building porches, constructing wheelchair ramps, conducting cleanup activities, scraping paint and removing debris from the work site have inherently dangerous elements and involve risks, including but not limited to operating power tools, climbing ladders, working on sloped roofs, nailing nails, scraping paint, removing shingles, carrying heavy building supplies and serving each day in sometimes extreme summer temperatures,
- 2) there are other dangers inherent in the travel to and from each worksite,
- 3) the participant assumes all the aforesaid risks,
- 4) it is the sole responsibility of each person to participate in those activities for which he or she is qualified and prepared for using safe worksite practices under the supervision of a crew chief and/or other adult(s),
- 5) by volunteering in the project, the participant acknowledges he or she understands the rules and guidelines and will comply with all the rules and regulations, and
- 6) if the participant observes any unusual or unnecessarily hazardous during his or her service, the participant will bring such hazard to attention of the nearest coordinator or project adult leader as soon as is practical.

**C. Photograph/Video Acknowledgement and Permission:** Acknowledge that there may be photographs taken or videotaping during normal Mission Event or event activities, and these photos/videos may be used in promotional materials. I hereby grant my permission for such photographs/videos to be taken and to be used in promotional materials.

**D. Release and Indemnity:** Acknowledge and agree that I release and forever hold harmless Minnesota-Wisconsin Baptist Convention (MWBC), the venue, church, Mission Event and event sponsors as well as their members, trustees, directors, officers, employees, agents, contractors and affiliates (collectively, the "Released Parties") from any and all claims or demands for personal injury, sickness, and death, as well as property damage and expenses, of any nature whatsoever, incurred by me or my minor child while participating in or employed by this Mission Event or the events and/or while on property leased or owned by the Release Parties. I further assume full personal responsibility for any loss of or damage to property to the extent caused by me or my minor child. I also assume full personal responsibility for all medical bills for me or my minor child. I agree to indemnify the Released Parties from any and all claims and demands for personal injury or death as well as property damage and expenses of any nature whatsoever arising out of the willful or negligent actions or omissions of me or my minor child. I further hereby assume responsibility for all transportation costs related to me or my minor child's dismissal from the Mission Event and/or event, as applicable.

**E. Understanding:**

Represent and acknowledge that

- 1) I have completely read and understand this document and all its terms and all matters referred to herein, and my signature below is my voluntary, free act and deed,
- 2) I have had ample opportunity to obtain the advice of counsel,
- 3) by signing this document, I understand that I am relinquishing legal rights and remedies that may have otherwise been available to me,
- 4) I understand that the above Releases shall be construed as broadly and inclusively as is permitted by applicable law and agree that if any portion of this document is held invalid, the remaining shall continue in full force and effect,
- 5) to the extent any restriction on filing lawsuits is deemed unlawful, I agree to submit any claims to Christian conciliation/mediation organization for binding resolution, and
- 6) a copy of this form as signed shall be treated as authentic and binding as the original, and a copy of same shall be provided to Mission Event venue.

**Complete and sign below** (Participants who are minors per your state laws require Parent/Legal Guardian signature).

Participant Signature _____	Date ____/____/____	Cell # (____) _____
Print Name _____	Date ____/____/____	2 <sup>nd</sup> Phone (____) _____

Parent/Guardian Signature _____	Date ____/____/____	Cell # (____) _____
Print Name _____	Date ____/____/____	2 <sup>nd</sup> Phone (____) _____