

Washington UCC Discipline, Liability & Medical Release Form 2017

Make a copy for yourself and bring the ORIGINALS with you

Check One: Sponsor Student

Individual's Name _____ Male Female

Address _____

City _____ State _____ Zip _____

E-mail Address _____ Home Phone _____ H.S. Graduation Year _____

Name of Parents/Legal Guardians (with whom you live) _____

Church You are Attending with _____

City/State _____ Group Leader's Name _____

Health Insurance Company _____ Policy Number _____

Known Allergies and Reactions _____

Medications Currently Taking _____

I, the parent or legal guardian of the student listed on this form, certify that he/she has my full approval to participate in this Washington United Church of Christ Work Camp. The individual identified on this form understands that all students are expected to abide by the rules and be directly responsible to Washington United Church of Christ. Washington United Church of Christ and Group Leader assumes responsibility for discipline at the Work Camp and, if necessary, may, because of misconduct or disobedience, require a student to leave. In such instance, I will assume full responsibility for returning the student home.

Further, I do release and hereby agree to hold blameless Washington United Church of Christ and its employees and agents from any and every claim arising, or which may be asserted by me or by any member of my family by reason of participating in any activities associated with Washington United Church of Christ Work Camp. **I agree to pay for any damages to Washington United Church of Christ as determined by Washington United Church of Christ, including any keys not returned at the time of group check out. I understand that Washington United Church of Christ will not bear any liability or responsibility for property of the above named which is damaged, stolen, or lost during the event. I have been advised that participants should not bring electronics or other valuables to this event and if participant chooses to do so it is at his or her own risk.**

Further, I do authorize the minister, leader, or sponsor of this attending church or any Washington United Church of Christ employee, in the event I cannot be reached by phone, to give consent to a physician and/or hospital for emergency medical or surgical treatment while on this trip. It is understood that I will assume any financial responsibility for any expense that may be incurred for said emergency treatment.

Further, I do certify that said child is covered by adequate accident insurance. My consent and signature is given below. I have read and agree to the information given in this entire form.

Printed Name of Parent/Legal Guardian _____ Date _____

Signature of the Parent/Legal Guardian _____

Work Phone (in case of emergency) _____

Person to notify if you cannot be reached:

Name _____ Relationship _____ Phone _____

I, the participant fully understand that I may be involved in construction work such as hammering, painting, roofing, dry walling, as well as gardening, food preparation, and neighborhood clean-up activities. There have been very few injuries on previous work camps, however accidents can occur causing injuries including but not limited to: scrapes, bruises, broken bones, quadriplegia, and death.

I, the participant will assist the leadership by informing/calling attention to situations which may cause injury for myself and/or other participants such as, defective equipment, surface conditions, not feeling well or being fatigued.

I accept and assume all responsibility for my personal actions and any and all risks of damage or personal injury which occur during or result from my participation.

Further, I, the participant hereby release, discharge and hold harmless Washington United Church of Christ, its coordinators, directors, and staff from any and all claims, demands, damages, or causes of action, present or future, whether the same be known, anticipated or unanticipated, resulting out of my service.

I covenant with God, my local church, and Washington United Church of Christ to participate fully in the Work Camp as it is planned and as it develops, and to abide by the covenant and behavior guidelines established by the group for the sake of life together.

Signature of Participant _____ Date _____