



### Infusion Missions Participant Form

Group Leaders: Bring ONE notarized copy of this document to registration and keep a photocopy for yourself to have with you in case of emergency at the project site. Attach a photocopy of insurance card.

#### Church Information:

Project City/Date: \_\_\_\_\_ Name of Church: \_\_\_\_\_
Group Leader: \_\_\_\_\_ Group Leader's cell # at project site: (\_\_\_\_\_)
Church Address: \_\_\_\_\_ City: \_\_\_\_\_ ST: \_\_\_\_\_ ZIP: \_\_\_\_\_

#### Participant's Info:

Participant Name \_\_\_\_\_ Age \_\_\_\_\_
Date of Birth: \_\_\_/\_\_\_/\_\_\_ Grade Completed (participants only): \_\_\_\_\_
Address: \_\_\_\_\_ City: \_\_\_\_\_ ST \_\_\_\_\_ ZIP \_\_\_\_\_
In case of an emergency notify: \_\_\_\_\_
Relationship to participant: \_\_\_\_\_
Phone Numbers - Home: (\_\_\_\_) \_\_\_\_\_ Work: (\_\_\_\_) \_\_\_\_\_
Mobile: (\_\_\_\_) \_\_\_\_\_ 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 & explain:
[ ] Asthma [ ] Sinusitis [ ] Bronchitis
[ ] Kidney Trouble [ ] Heart Trouble [ ] Diabetes
[ ] Dizziness [ ] Stomach Upset [ ] Hay Fever
\_\_\_\_\_
\_\_\_\_\_
\_\_\_\_\_

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: \_\_\_\_\_
Childhood Diseases: [ ]Chickenpox [ ]Measles [ ]Mumps [ ]Whooping Cough [ ]Other: \_\_\_\_\_
Date of Tetanus Immunization: \_\_\_/\_\_\_/\_\_\_

Family Physician \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_
Insurance Co. \_\_\_\_\_ Policy #: \_\_\_\_\_
Subscriber Name: \_\_\_\_\_ Subscriber Number: \_\_\_\_\_ Employment: \_\_\_\_\_
Subscriber Occupation: \_\_\_\_\_ Work Phone: (\_\_\_\_) \_\_\_\_\_

#### Permission, Acknowledgements, Release, Indemnity

In consideration of Participant's ability to participate in the project and project-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 project or event director, church staffer or counselor, project 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 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 climbing ladders, nailing nails, scraping paint, 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, 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, and 7) Participants age 18 and older may engage in activities including operating power tools and working on sloped roofs.

**C. Photograph/Video Acknowledgement and Permission:** Acknowledging that there may be photographs taken or videotaping during normal project 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 LifeWay Christian Resources of the Southern Baptist Convention ("LifeWay"), the venue, church, project and event sponsors and state conventions 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 project 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 my or my minor child's dismissal from the project 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 project venue.

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

Participant's Signature: _____	Date: ___/___/___
Parent/Guardian Signature: _____	Phone: ( ) _____ Date: ___/___/___

**Notary Acknowledgement:** State of \_\_\_\_\_ )  
County of \_\_\_\_\_ )

On the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, before me, \_\_\_\_\_, Notary Public, personally appeared \_\_\_\_\_ who proved to me on the basis of satisfactory evidence to be the person(s) whose name(s) is/are subscribed to the within instrument and acknowledged to me that he/she/they executed the same in his/her/their authorized capacity(ies), and that by his/her/their signature(s) on the instrument, the person(s), or the entity upon behalf of which the person(s) acted, executed the instrument. I certify under PENALTY OF PERJURY under the laws of the State of \_\_\_\_\_ that the foregoing is true and correct. Witness my hand and official seal.

I certify under PENALTY OF PERJURY under the laws of the state that the foregoing paragraph is true and correct.

WITNESS my hand and official seal.

Notary signature: \_\_\_\_\_

My commission expires: \_\_\_\_\_