

**FPCA Mission Retreat Registration &  
Medical/Liability Release Form**

Participant Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Phone: \_\_\_\_\_

Email Address: \_\_\_\_\_ T-Shirt Size: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Phone: \_\_\_\_\_

Relationship to Participant: \_\_\_\_\_

Preferred Doctor: \_\_\_\_\_ Phone: \_\_\_\_\_

Preferred Dentist: \_\_\_\_\_ Phone: \_\_\_\_\_

Preferred Hospital: \_\_\_\_\_ Phone: \_\_\_\_\_

Date of last tetanus shot: \_\_\_\_\_

Swimming restrictions: \_\_\_\_\_ No \_\_\_\_\_ Yes, Explain \_\_\_\_\_

Activity restrictions: \_\_\_\_\_ No \_\_\_\_\_ Yes, Explain \_\_\_\_\_

*The following forms from Volusia Interfaiths/Agencies Networking in Disaster will serve as a release of liability and permission for participation on the Intergenerational Mission Trip of First Presbyterian Church of Aiken.*

*All information is kept confidential and is used for the sole purpose of providing a safe environment for the participants at First Presbyterian Church of Aiken.*

Volusia Interfaiths/Agencies Networking in Disaster  
PO Box 9364, Daytona Beach, FL 32120-9364  
(386) 255-5510 Fax (386) 255-3590  
Web: www.FloridaVIND.org  
E-mail: vindinfo@floridavind.org

**MEDICAL INFORMATION FOR INDIVIDUAL VOLUNTEERS  
(Every Volunteer Needs to Fill Out This Form)**

Please complete the following and give it to your Volunteer Team Leader.  
The Team Leader should retain this ON SITE to use only in case of emergency.

Name: \_\_\_\_\_ Blood type: \_\_\_\_\_

Information about any prescriptions currently taking:

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

Allergies: \_\_\_\_\_

Name of Contact Person: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone: \_\_\_\_\_ (work) \_\_\_\_\_ (home)

Relationship to volunteer: \_\_\_\_\_

My health insurance company is: \_\_\_\_\_

Policy Number: \_\_\_\_\_

Physical limitations or concerns:

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

I am diabetic: \_\_\_\_\_(Yes) \_\_\_\_\_(No)

I have a history of seizures: \_\_\_\_\_(Yes) \_\_\_\_\_(No)

Please provide other helpful health information

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

I consider myself healthy enough to fulfill my responsibilities on the mission team:  
\_\_\_\_\_(Yes) \_\_\_\_\_(No)

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### PARTICIPANT LIABILITY RELEASE FORM

***Please read before signing as this constitutes the agreement as a volunteer and the understanding of your working relationship as a volunteer with Volusia Interfaiths/Agencies Networking in Disaster (VIND).***

I, \_\_\_\_\_, acknowledge and state the following: I have chosen to travel to perform clean-up/construction work designed to repair disaster damage.

I understand that this work entails a risk of physical injury and often involves hard physical labor, heavy lifting and strenuous activity; and that some activities may take place on ladders and building framing other than ground level. I certify that I am in good health and physically able to perform this type of work.

I understand that I am engaging in this project at my own risk. I understand that this is a "grass roots" activity to support individuals adversely affected by Hurricane and/or Flood disasters, or are receiving assistance to repair or replace substandard housing. I assume all risk and responsibility for any damage or injury to my property or any personal injury which I may sustain while involved in this project as well as related medical costs and expenses.

In the event that my supervising disaster organization arranges accommodations, I understand that they are not responsible or liable for my personal effects and property, and that they will not provide lock-up or security for any items. I will hold them harmless in the event of theft or for loss resulting from any source or cause. I further understand that I am to abide by whatever rules and regulations may be in effect for the accommodations at that time.

By my signature, for myself, my estate and my heirs, I release, discharge, indemnify and forever hold VIND, together with its officers, agents, servants and employees, harmless from any and all causes of action arising from my participation in this project and travel or lodging associated therewith, including any damages which may be caused by their negligence.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parental Signature (if participant is a minor) \_\_\_\_\_ Date: \_\_\_\_\_

Dates of work team or dates covered by this liability release form: \_\_\_\_\_

Street address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Emergency Contact Name and Phone: \_\_\_\_\_

Name of Church or Organization Affiliation: \_\_\_\_\_

Witness: \_\_\_\_\_