

FPCA Mission Retreat Registration & Medical/Liability Release Form

Student Name: _____

Date of Birth: _____ Age: _____ Grade: _____

Address: _____

City: _____ State: _____ Zip: _____ Phone: _____

Email Address: _____ T-Shirt Size: _____

Parent/Legal Guardian Name(s): _____

Emergency Contact: _____ Phone: _____

Relationship to Student: _____

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.

**MEDICAL RELEASE FORM FOR MINORS
(Participant Information)**

Date and Destination of Trip: _____

Team Leader: _____

Minor's Name: _____ Date of Birth: _____

Emergency Contact Name & Phone: _____

Insurance Carrier: _____ Policy No. _____

Allergies and Medications:

Permission to give Tylenol (Yes/No) _____ Other medications: (Specify): _____

Describe Medical Conditions/Limitations: _____

_____ Signature of Minor _____ Date _____ Name of Guardian on Trip (need picture ID)

PARENT OR GUARDIAN AUTHORIZATION

I, _____, authorize _____
(Parent or Guardian) (Guardian on Trip)

To consent to any necessary examination, anesthetic, medical diagnosis, surgery, or treatment and/or hospital care rendered to the minor under the general supervision and on the advice of any physician or surgeon licensed to practice medicine by the State in which they practice during the duration of the trip identified above.

_____ Date: _____
(Signature of Parent or Guardian)

NOTARIZATION OF PARENT OR GUARDIAN SIGNATURE ON AUTHORIZATION

State of _____
County of _____

On this _____ day of _____, 20____,
before me personally appeared _____,
who is personally known to me, or provided identification in the form of:
_____, to be the same person
described in _____, and who executed this instrument, and who **acknowledged** the free act and
deed thereof.

Notary Public
My Commission expires:

[Seal]

Volusia Interfaiths/Agencies Networking in Disaster
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Web: www.FloridaVIND.org
E-mail: vindinfo@floridavind.org

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: _____