



Coming Together for New Jersey

Rebuild, Renew and Restore



“Therefore, as God's chosen people, holy and dearly loved, clothe yourselves with compassion, kindness, humility, gentleness and patience. And whatever you do, whether in word or deed, do it all in the name of the Lord Jesus, giving thanks to God the Father through him.” Colossians 3:12; 17 (NIV)

PARTICIPANT LIABILITY AND MEDICAL RELEASE FORM

Please read before signing as this constitutes the agreement and the understanding of your working relationship as a volunteer.

- 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 other 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/flood disaster, or 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 and related medical costs and expenses which I may sustain while involved in this project.
- In the event that my supervising disaster organization arranges accommodations, I understand that they are neither responsible nor 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 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 harmless **American Baptist Churches USA and American Baptist Churches of New Jersey**, together with its officers, agents, servants and employees, 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 _____

Arrival Date _____ Departure Date _____

Team Leader _____



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Medical Information and Release

MEDICAL COVERAGE: I understand and acknowledge that **no medical or other insurance or health care benefits will be provided to me by the American Baptist Churches USA and American Baptist Churches of New Jersey**, during my participation in Coming Together for New Jersey Work Week, and I certify that I have sufficient health, accident and liability insurance or other benefits to cover any bodily injury or property damage I may incur while participation in Coming Together for New Jersey Work Week and to cover bodily injury or property damage caused to a third party as a result of my participation in the Coming Together for New Jersey Work Week, as follows:

Company _____ Policy # _____
Address _____

MEDICAL RELEASE: I hereby state that I am in good health and have all medications necessary to treat any allergic or chronic conditions, and I am able to administer such medications without assistance. If at any time during my participation in Coming Together for New Jersey Work Week I need emergency medical care and am not able to give consent because of my physical or mental condition, I authorize **American Baptist Churches USA and American Baptist Churches of New Jersey**, to make emergency medical care decisions on my behalf, and I specifically release the American Baptist Churches USA and American Baptist Churches of New Jersey in making those emergency medical care decisions, from any and all liability associated with said decisions, even if injury or death is the result of the American Baptist Churches USA and American Baptist Churches of New Jersey alleged negligence.

Person to be notified in case of injury:

Name _____
Telephone: _____ (evening) _____ (daytime)
Cell Phone: _____

ALL PARTICIPANTS MUST SIGN:

My signature below indicates that I have read this entire document, understand it completely, and agree to be bound by its terms.

SIGNATURE OF PARTICIPANT: _____

DATE EXECUTED: _____

(SIGNATURE OF PARENT OR LEGAL GUARDIAN IS ALSO REQUIRED IF PARTICIPANT IS UNDER 18 YEARS OF AGE.)

SIGNATURE OF PARENT/LEGAL GUARDIAN (if applicable) _____

DATE EXECUTED: _____

SIGNATURES MUST BE WITNESSED:

SIGNATURE OF WITNESS: _____

DATE EXECUTED: _____



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Photo/Audio/Video Release

I _____ hereby give permission for audio and visual images of me and/or my child under age 18, captured during regular, **American Baptist Churches USA and American Baptist Churches of New Jersey**, activities through, audio, photo and/or video recording means, to be used solely for the promotional material, multimedia and publication purposes of the **American Baptist Churches USA and American Baptist Churches of New Jersey**, and waive any rights of compensation or ownership thereto.

Volunteer Signature: _____ Date ____/____/____

Parent/Guardian Signature: _____ Date ____/____/____