

**Participant Form**

**Saturday June 7<sup>th</sup> - Friday June 13<sup>th</sup>, 2025**

**Group Leaders:** Bring ONE copy of this document to registration and keep a photocopy for yourself to have with you.

**ATTACH A PHOTOCOPY OF MEDICAL INSURANCE CARD.**

**CHURCH INFORMATION:**

Name of Church you attend regularly: \_\_\_\_\_  
Group Leader you are attending with: \_\_\_\_\_  
Group Leader's Cell Phone number: \_\_\_\_\_

**PARTICIPANT INFORMATION:**

Participant Name: \_\_\_\_\_ Age: \_\_\_\_\_  
Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ Age at time of project: \_\_\_\_\_  
Participant Mailing Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_  
In Case of Emergency notify: \_\_\_\_\_  
Relationship to participant: \_\_\_\_\_ Home phone: \_\_\_\_\_  
Cell phone: \_\_\_\_\_ Other: \_\_\_\_\_

**MEDICAL PROFILE:**

Generally, the participant's health is: (Check one)  Excellent  Good  Fair  Poor

If Fair or Poor, please explain 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 trouble  
 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: \_\_\_\_\_

(Can attach a separate sheet, if needed)

List any special diet or needs: \_\_\_\_\_

Childhood diseases:  Chickenpox  Measles  Mumps  Whooping Cough  Other \_\_\_\_\_

Date of last Tetanus Immunization: \_\_\_\_/\_\_\_\_/\_\_\_\_

Family Physician: \_\_\_\_\_ Phone: \_\_\_\_\_

Insurance Company: \_\_\_\_\_ Policy #: \_\_\_\_\_

Subscriber Name: \_\_\_\_\_ Subscriber #: \_\_\_\_\_

**PERMISSION, ACKNOWLEDGEMENTS, RELEASE, INDEMNITY**

In consideration of the Participant's ability to participate in the Mission Event and Mission Event-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 C2S event or event director, church staffer or counselor, 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, roofing, conducting cleanup activities, scraping paint and removing debris from the work site have inherently dangerous elements and involve risks, including but not limited to operating power tools, climbing ladders, working on sloped roofs, nailing nails, scraping paint, removing shingles, carrying 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 adults(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, and 6) if the participant observes anything unusual or unnecessarily hazardous during his or her service, the participant will bring such hazard to the attention of the nearest coordinator or adult leader, ASAP.

**C. PHOTOGRAPHY/VIDEO ACKNOWLEDGEMENT AND PERMISSION:**

Acknowledge that there may be photographs taken or videotaping during normal Mission Event 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 the Called 2 Serve Organization of Altha First Baptist Church, Altha First Baptist Church, Called 2 Serve Event and any other sponsors, 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 Mission Event or the events and/or while on property leased or owned by the Released 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.

**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 Mission Event venue.

Complete and sign below: (Participants who are minors—under age 18—require Parent/Legal Guardian signature)

Participant's Signature: \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_ Phone: \_\_\_\_\_

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 names(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.

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

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