



***“Here Until the Work Is Done III”  
A Time for Ecumenical Worship, Witness and Work***

***“Therefore, my beloved, be steadfast, immovable, always excelling in the work of the Lord, because you know that in the Lord your labor is not in vain.”***

1 Corinthians 15:58 (NRSV)

**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, PDA Disaster Response, Presbyterian Church in United States America (PCUSA), Camp Restore**, together with its officers, agents, servants and employees, **and/or National Council of Churches and its member partners** 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 ABCUSA, PCUSA, National Council of Churches, and Camp Restore**, during my participation in Ecumenical 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 Ecumenical Work Week and to cover bodily injury or property damage caused to a third party as a result of my participation in the Ecumenical Work, as follows:

Company \_\_\_\_\_ Policy # \_\_\_\_\_  
Address \_\_\_\_\_

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**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 Ecumenical Work Week & PDA Disaster Response I need emergency medical care and am not able to give consent because of my physical or mental condition, I authorize the National Council of Churches, ABCUSA, PCUSA and Camp Restore, to make emergency medical care decisions on my behalf, and I specifically release the National Council of Churches, ABCUSA, PCUSA and Camp Restore 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 National Council of Churches, ABCUSA, PCUSA and Camp Restore 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 National Council of Churches, American Baptist Churches USA, Camp Restore, Presbyterian Disaster Response, activities through, audio, photo and/or video recording means, to be used solely for the promotional material, multimedia and publication purposes of the Lutheran Church Missouri Synod and the Southern District LCMS Recovery Assistance, Inc., National Council of Churches, American Baptist Churches USA, Presbyterian Disaster Response, and waive any rights of compensation or ownership thereto.

**Volunteer Signature:** \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_

**Parent/Guardian Signature:** \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_