

Participant Registration

Participant _____ Sponsor _____ (please check one)

Sponsoring Group: _____

Participant Name: _____

Current Address: _____

City: _____ St: _____ Zip: _____

Home Phone: _____ Work Phone: _____ Cell Phone: _____

Person to be notified in case of emergency:

Name: _____ Relationship: _____

Current Address:
(if different) _____ City: _____ St: _____ Zip: _____

Home Phone: _____ Work Phone: _____ Cell Phone: _____

For your benefit and the safety of others, we need to be aware of any medical conditions you may have...

Do you wear:

Contact Lenses? _____

Glasses? _____

Hearing Aid? _____

Do you take any medications? _____

If so, what are you taking?

Do you have any allergies? ___ List below:

Please indicate if you have any of the following conditions:

_____ Asthma

_____ Back Problems

_____ High Blood Pressure

_____ Kidney Problems

_____ Low Blood Pressure

_____ Bone/Joint Problems

_____ Cardiac Condition

_____ Respiratory Problems

_____ Seizures

_____ Diabetes

_____ Other

What should we know about any of the medical conditions checked?

Insurance

Participants must understand that, except as otherwise agreed by the Christian Community Service Projects in writing; Christian Community Service Projects and the Alamosa Christian Reformed Church do not carry or maintain health, medical, or disability insurance coverage for any participant. Participants are expected and en-

couraged to obtain their own medical or health insurance coverage.

◆ Name of Insurance Plan:

◆ Policy and/or Group Number:

PARTICIPANTS 18 & UNDER: Parent/Guardian Medical Release

I hereby give permission for _____ to receive medical services, if needed. In an emergency, I give permission to X-Ray, anesthetic, medical or surgical diagnosis and treatment, and hospital admission that may be rendered to said patient under the general or specific instructions of any licensed medical doctor, I understand that every reasonable effort will be made to contact me before these actions are taken, but that this is given in advance of any specific diagnosis or treatment being requires. This consent shall remain in effect from _____ to _____.

Signature:

Date: _____

Printed Name: _____ Relationship to Participant: _____

Previous Experience:

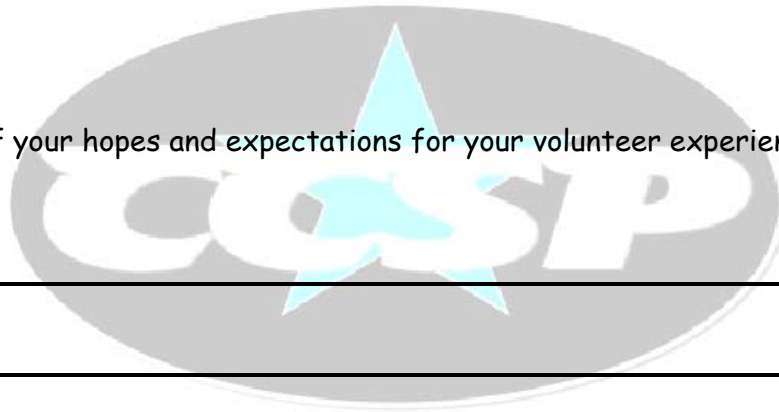
Have you ever participated in any previous service projects or mission trips, including trips to the San Luis Valley?

Please list the sites and describe the types of work you have done.

What experiences do you have, skills, abilities? (examples: painting, sheet rocking walls, raking leaves, shingling a house, dry wall repairs, fence repairs, etc.)

Expectations

Please describe some of your hopes and expectations for your volunteer experience.



Release and Waiver of Liability

I understand that the Christian Community Service Projects offered by Alamosa Christian Reformed Church is a service and educational opportunity in which I have agreed to engage in activities related to being a volunteer on a project site. As a participant in the program, I agree to the following:

1. **Waiver and Release:** I hereby release and forever discharge and hold harmless Christian Community Service Projects and Alamosa Christian Reformed Church, its programs, its staff and their successors and assigns from any and all liability, claims, and demands of whatever kind of nature either in law or equity, which arise or may hereafter arise from any of my and my group's volunteer work experience on a service trip.

I understand and acknowledge that this Release discharges Christian Community Service Projects and Alamosa Christian Reformed Church from any liability or claim that I may have against any bodily injury, personal injury, illness, death, or property damage that may result from a service trip, whether caused by the negligence of Christian Community Service Projects and Alamosa Christian Reformed Church, its programs, or its staff or otherwise. I also understand that except as otherwise agreed in writing, Christian Community Service Projects and Alamosa Christian Reformed Church do not assume any responsibility for or obligation to provide financial assistance or other assistance, including but not limited to medical, health, or disability insurance, in the event of injury or illness.

2. **Medical Treatment:** Except as otherwise agreed by Christian Community Service Projects and Alamosa Christian Reformed Church, I hereby release and forever discharge Christian Community Service Projects and Alamosa Christian Reformed Church from any claim whatsoever arises or may arise on account of any first aid, treatment, or service rendered in connection with my work on a service trip.
3. **Assumption of Risk:** I understand that the work on a service trip may include activities that may be hazardous to me including, but not limited to, construction, loading, and unloading and transportation to and from sites. In connection thereto, I recognize and understand that the activities may in some situations, involve inherently dangerous activities.

I hereby expressly and specifically assume the risk of injury, illness, and death or property damage resulting from the activities as a volunteer on a service trip.

4. **Insurance:** I understand that, except as otherwise agreed by Christian Community Service Projects and Alamosa Christian Reformed Church in writing, Christian Community Service Projects and Alamosa Christian Reformed Church does not carry or maintain health, medical, or disability insurance coverage for any participant.

5. Other: I expressly agree that this Release is intended to as broad and inclusive as permitted by the laws of the State that my volunteer experience is in as well as the expectations and policies of Christian Community Service Projects and Alamosa Christian Reformed Church.

SIGNATURES:

Participant Signature: _____ **Date:** _____

If participant is under the age of 18:

Signature of Parent or Guardian: _____ Printed Name: _____

Printed Name: _____ Date: _____

PHOTO USE POLICY AND WAIVER

I hereby agree to allow the CCSP staff to use any photos taken during my volunteer time at the program for use in archiving the project season, reporting about the season and in promoting the program to future sponsors, volunteers and project recipients.

Participant Signature: _____ **Date:** _____

If participant is under the age of 18:

Signature of Parent or Guardian: _____ Printed Name: _____

Date: _____