

HILLSIDE UNITED METHODIST CHURCH

PERMISSION SLIP AND LIABILITY WAIVER

Function: Jr. High Mission Trip

Place: Kentucky Heartland Outreach, Somerset, KY

Dates: July 17-23, 2011

Travel: Church van, rental van, private vehicle

I, _____, hereby give my permission and approval as parent and/or guardian for _____ to participate in the **Jr. Hi Mission Trip, July 17-23, 2011**. It is my understanding that this trip and the activities of this trip are approved by the church and is appropriately chaperoned. I hereby release Hillside United Methodist Church, its staff, and volunteers from responsibility and liability for any injury, illness, medical bills, or loss of life that my child may sustain during these activities.

In the event of an emergency, I understand that I will be contacted to give permission for my child to obtain medical care. If I cannot be contacted, I hereby authorize an adult leader from the Hillside UMC group to act as an agent for me and to consent to any x-ray examination, medical, dental or surgical diagnosis, treatment, and hospital care advised and supervised by a physician, surgeon, dentist, (as appropriate) licensed to practice under the laws of the state where the services are rendered, whether at a doctor's office or in any hospital. I expect to be contacted as soon as possible in the case of such injury that requires medical attention.

Parent(s) or Guardian's Name: _____

Address: _____

Phone #: (H) _____ (W) _____

(Cell) _____ (Pager) _____

Any medical conditions, allergies, or treatment that we should be aware of:

Parent or Guardian's Signature

Date



Home Repair Project Participant Labor Release

The undersigned participant and his/her parent(s) and/or guardian(s) hereby release the host County, Kentucky Heartland Outreach and host location from any and all personal claims of any kind as a result of participation in the Kentucky Heartland Outreach Home Repair Project in the above mentioned county. This release will be in effect for the duration of the program.

Kentucky Heartland Outreach Participant Responsibilities Agreement

During my week with Kentucky Heartland Outreach, I will strive for the best week possible and I sign this document as an acceptance of the following responsibilities:

- 1.) **Keep myself healthy** – I will drink plenty of water to make sure I do not dehydrate. Also, I will refrain from using any tobacco products or drinking any alcoholic beverages.
- 2.) **Maintain a safe environment for myself and my crew** – I agree to be attentive and alert and I will look out for my crewmates at the site. I realize that horsing around could result on a serious injury.
- 3.) **Follow the Kentucky Heartland Outreach Schedule** – I agree to participate in all activities on the KHO schedule. To ensure that everyone, including myself, gets a sufficient amount of rest, I will respect lights-out.
- 4.) **Stay in areas designated by KHO staff and crew chiefs** – I will stay with the group at all times. *I will not leave the work site or lodging location without permission of the Camp Manager.* I understand that no guys are allowed in the “Females Only” areas and girls are not allowed in the “Males Only” areas.
- 5.) **Respect others property** – I will respect everyone’s personal property by not tampering with it or taking it. I expect others to grant the same respect to my belongings.
- 6.) **Sustain a clean environment** – I will keep my place of lodging clean and I understand that I am personally responsible for any damage done to the property.
- 7.) **Uphold a Christ-like attitude** – At all times, I will display a Christ-like attitude toward my peers, hosts, leaders, and the residents of the community.

“We give thanks to God...constantly bearing in mind **your work of faith and labor of love...**”

1 Thess. 1:2-3

STATEMENT OF PURPOSE

A home repair project is an opportunity for young men and women to be involved in a personal approach to missions education and involvement through construction-based projects which are promoted and sponsored by Kentucky heartland Outreach, a ministry of Campbellsville University. Participation will involve some risks, as participants will be engaged in construction-related activities they may never have done before. As a participant, you will be fulfilling the role of a Christian servant as you invest your life in the lives of other people. The project will stretch you physically, mentally, socially, and spiritually.

AUTHORIZATION FOR TREATMENT/RELEASE OF ALL CLAIMS

I, the undersigned, do for myself (or for and on behalf of my child under 18 years of age) give my permission for an attending physician or hospital to administer medical care if deemed necessary by the Kentucky Heartland Outreach Executive Director and/or Camp Manager and the physician or hospital staff during the KHO work project.

I, the undersigned, do for myself, my heirs, executors, administrators, successors, and assignees (or for and on behalf of my child under 18 years of age and his/her heirs, executors, administration, successors, and assignees) understand that there is no secondary medical coverage provided by Kentucky Heartland Outreach. I, therefore, do hereby release from all claims and forever hold harmless the directors, officers, agents, and employees of Kentucky Heartland Outreach, from any and all claims and demands for personal injury, sickness, and death, as well as property damage and expenses, of any nature, incurred by myself (or my child under 18 years of age.)

I also assume personal responsibility for all medical bills (for myself or my child under 18 years of age). Furthermore, should it be necessary for the participant to return home due to disciplinary action, for medical reason, or otherwise, I hereby assume responsibility for all transportation costs.

PARTICIPANT MEDIA RELEASE

By signing this document, the participant hereby gives Kentucky Heartland Outreach their licensees, successors, legal representatives and assignees, the absolute and irrevocable right and permission to use the participant's name and to use, reproduce, edit, exhibit, project, display, copyright, publish photographic images and/or moving pictures and/or videotaped images of the participant with or without the participant's voice, or in which the participant may be included in whole or in part photographed, taped, videotaped, and/or recorded during the duration of the project, and therefore the circulate the same in all forms and media for art, advertising, trade, competition, of any description and/or lawful purpose and/or approve the finished product(s) or the editorial, promotional, or printed copy or soundtrack that may be used in connection therewith and any right that I may have to control the use to which said product(s), copy, and/or soundtrack may be applied. The participant discharges and agrees to save harmless Kentucky Heartland Outreach, their licensees, successors, legal representatives and assignees, from any liability by virtue of any blurring distortion, alteration, optical illusion or use in composite form whether intentional or otherwise, that may occur or be produced in the making, processing, duplication, projecting or displaying of said images, and from liability for violation of any personal or proprietary right that I may have in connection with said images and with the use thereof.

PARTICIPANT MEDICAL INFORMATION / RELEASE FORM

Name _____ Date of birth ____ / ____ / ____

Address: _____ Home Phone: (____) _____

SS# _____

Generally, my health is (circle one) Excellent Good Fair Poor

If **Fair** or **Poor**, please explain your condition: _____

Date of **most recent** tetanus shot ____ / ____ / ____

List any medical conditions for which you are **currently** being treated: _____

List any medications you are **currently** taking: _____

List any **medicines or substances** to which you are **allergic**: _____

PLEASE PROVIDE THE FOLLOWING INFORMATION:

Please attach a copy of both sides of your insurance card to this form.

Family Physician _____ Phone (____) _____

Physician's address _____

Please **INITIAL** the following signifying that you have read and agree with the following:

- Home Repair Project Participant Labor Release**
- Kentucky Heartland Outreach Participant Responsibilities Agreement**
- AUTHORIZATION FOR TREATMENT/RELEASE OF ALL CLAIMS**
- PARTICIPANT MEDIA RELEASE**

PLEASE SIGN AND COMPLETE BELOW

(THIS FORM IS NOT VALID UNLESS SIGNATURE IS NOTARIZED)

Participant's Signature (if age 18 or older) or Parent/Guardian _____

Date _____

Address _____

Emergency Contact _____ Phone (____) _____

(if different from parent, please specify relationship to participant)

FOR NOTARY USE ONLY

Acknowledged before me this _____ day of _____, 20____

Notary Signature _____ State of _____

My commission expires ____ / ____ / ____