



AVON LAKE U.C.C.

MISSION TEAM

SUMMER 2019 - SLIDELL, LA

FORMS PACK

JUNE 8-16, 2019



AVON LAKE U.C.C.
SHMISSIONSTEAM
2019 SH MISSION TRIP SUMMER 2019 - SLIDELL, LA
FORMS PACK

We are so glad...I mean absolutely thrilled that you are interested in being a part of our team for this adventure to New Orleans. We have put this packet together to clearly explain each of the forms that are required for everyone to participate in this year's trip. Your assistance in completing these forms accurately and timely is incredibly important and extremely helpful.

There are EIGHT forms you have to fill out for this year's trip. That is not typo. I am so incredibly sorry. It's this world we live in. Your child's safety and well-being is first and foremost. We appreciate your understanding and patience in helping us collect all of these forms. The forms fall into two categories; paper forms and online forms.

PAPER FORMS: You will find all of the paper forms in this packet. Please fill them out entirely and return to us as soon as you possibly can. Two of these forms must be notarized. You can get forms notarized at any bank and the Avon Lake Public Library. We will also arrange to have notaries in our church family available on select Sunday mornings to notarize forms for you as well.

1. Epworth Project Participant Liability & Medical Release Form
2. Epworth Project Housing Guidelines & Release Form
3. Epworth Project Medical Release for Minors Form *MUST BE NOTARIZED
4. Epworth Project Parental Consent Form *MUST BE NOTARIZED
5. Epworth Project Photo & Media Release Form

ONLINE FORMS: Below you will find the links to each of our online forms. Please fill them out entirely and hit submit. You will receive an email notifying you that your form was received. You can NOT stop part way through a form and come back later. You must fill it out entirely at one time. We realize that sometimes information can change between now and when we go on the trip in June, especially medications, health needs, etc. If you need to make changes to any of your forms, please contact nate@avonlakeucc.org for more information.

1. 2019 SH Mission Trip Registration Form: <https://avonlakeucc.breezechms.com/form/shmissiontrip19registration>
2. 2019 SH Mission Trip Emergency Consent Form: <https://avonlakeucc.breezechms.com/form/youthemergencyconsent>
3. 2018-19 Waypoint YM Registration Form: <https://avonlakeucc.breezechms.com/form/waypointymregistration1819>

REGISTERING FOR THE TRIP: In order to secure your spot for our trip next June you must submit a \$100 deposit (payable via check, cash, or as part of the 2019 SH Mission Trip Registration Form), complete and submit the ONLINE 2019 SH Mission Trip Registration Form at the MINIMUM. Or you can fill out all of the eight required forms. That would be awesome.

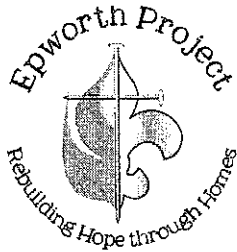
NOTARY: We have secured the services of a Notary to be available from 10AM – 11AM on the following Sundays at church: December 9th, January 13th and April 28th.

In late April we will issue invoices to each student going on the trip indicating what your trip balance is, what forms you are missing and what mandatory events you have missed.

We realize there is a lot here. No worries. We are here too – to help you walk through this and get you all set for this absolutely life-changing epic experience. Trust me...this...these forms...it's all worth it.

Please don't hesitate to reach out to us if you have any questions. Welcome to the team!

Ready to serve and ready to rock! -Nate



Epworth Project
360 Robert Blvd.
Slidell, LA 70458
Phone: (985)781-7990
Fax: (985)645-9074
www.epworthproject.com

Participant Liability and Medical Release Form

Please read before signing. This constitutes the agreement and the understanding of your working relationship as a volunteer with Epworth Project.

- I _____ (please print legibly) 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 LA Conference of the UMC Disaster Response, Inc., in conjunction with Epworth Project 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.

Print Name: _____
Signature _____ Date _____
Arrival Date _____ Departure Date _____ Team Leader _____

Medical Information:

****All participants must be insured to work with Epworth or must sign a release of liability waiver.**

I have accidental insurance coverage: Yes _____ No _____ Date of Birth _____
My health insurance company is: _____ Policy Number: _____

Medical History Medications: _____

(Circle all that apply)

Allergies _____ Epilepsy _____ Blood Type: _____ Diabetes _____
Heart Condition _____ Physical limitations or concerns: _____

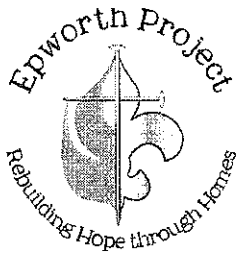
Signature _____ Date _____

Street Address _____ City _____ State _____ Zip _____

Emergency Contact Name and Phone _____

Organization _____

Witness _____



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Epworth Project Housing Guidelines and Liability Release Form

Dormitory and Housing Guidelines

- No alcohol, drugs or other illegal substances allowed.
- Keep dorm rooms and living space neat and clean. You ARE the custodial crew!
- Be respectful of church property and Epworth facilities.
- Respect others including their property, privacy and sleep time.

Release of Liability

I _____ acknowledge and state the following:

- 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 during my stay with the Northshore Disaster Recovery, Inc./Epworth Project ("Epworth").
- I will hold Epworth and Aldersgate United Methodist Church harmless in the event of theft or loss resulting from any source or cause.
- By my signature, for myself, my estate and my heirs, I release, discharge, indemnify and forever hold harmless Aldersgate United Methodist Church in conjunction with Epworth, together with its officers, agents, servants and employees, from any and all causes of action arising from my participation in and/or lodging with Epworth, including any damages which may be caused by their negligence.

Signature _____ Date _____

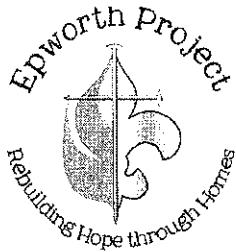
Print name _____

Parent/guardian signature _____
(if participant is under 18)

Home address _____

City _____ State _____ Zip _____

Organization _____



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Medical Release Form For Minors

Participant Information

Dates of Trip _____

Team Leader _____

Minor's Name _____ Date of Birth _____

Emergency Contact Name & Phone _____

Insurance Carrier _____ Policy Number _____

Allergies and Medications _____

Permission to give Tylenol (Yes/No) _____ Other medication (Be specific) _____

Describe Medical Conditions/Limitations _____

I have accidental insurance coverage: Yes ___ No ___

Signature of Minor

Date

Name of Trip Leader

PARENT OR GUARDIAN AUTHORIZATION

I, _____, authorize _____
(Parent or Guardian) (Trip Leader)

to consent to any necessary examination, anesthetic, medical diagnosis, surgery, or treatment and/or hospital care rendered to the minor under the general supervision and on the advice of any physician or surgeon licensed to practice medicine by the state in which they practice, during the duration of the trip identified above.

(Signature of Parent or Guardian)

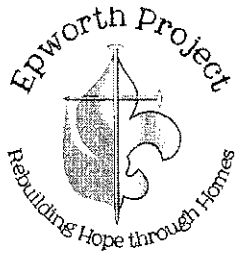
Date

NOTARIZATION OF PARENT OR GUARDIAN AUTHORIZATION

On this _____ (day) of _____ (year), Before me personally appeared _____ to me known to be the same person described in and who executed the within instrument, and who acknowledged the free act and deed thereof.

Notary of Public State of _____ County of _____

My commission expires _____



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Parental Consent Form

I, _____, the parent/guardian of _____
Parent or guardian *youth name*

give my child, a minor residing at _____ (address), permission to accompany a Volunteer Work Mission team to Louisiana's devastated areas and participate as a member of the group. I acknowledge that I am allowing my child to participate entirely upon my own initiative, risk, and responsibility. I have been advised and understand that the group may be exposed to unusual risks. Those risks may involve, among other things, the following:

Dangers resulting from disease; from geographic features which may have a deleterious effect on persons with heart conditions or respiratory diseases; from extreme heat and humidity with no air conditioning available, or from extreme cold with no central heating. The foregoing is not an exhaustive list of dangers that may arise but is illustrative of some types of dangers that may be faced.

I further expressly authorize and consent to any x-ray examination, anesthetic, medical or surgical diagnosis or treatment, and/or hospital care under the general or special supervision, and on the advice of, a licensed physician, surgeon, anesthesiologist, dentist, or other qualified medical personnel acting under their supervision, for my child, should the same become necessary because of illness or injury.

Now therefore, in consideration of the permission extended to my child to accompany the mission team and participate in the mission trip, I do hereby for myself, my child, and my heirs, executors, and administrators, remise, release, and forever discharge the team leader(s) _____, Epworth Project, its officers and members, as well as all other participants and sponsors of said mission trip, acting officially or otherwise, from all claims, demands, actions or causes of action of any kind, including the death of my child or any injury to my child or loss or damage to property which may occur from any cause during the trip, as well as all ground and flight travel incident to such trip.

It is my intention by this document to consent to my child's participation in the mission trip, to consent to allow the team leader(s) _____ to act in loco parentis for the duration of the mission trip, and to waive and forego all right of action by myself and my child against the parties herein before named.

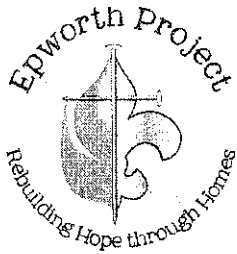
Parent/Guardian

Address
Team Leader _____
Arrival & Departure _____

Notarization of Parental Consent Form
STATE OF _____ PARISH OR COUNTY OF _____

On this ____ day of _____, ____ (year), before me personally appeared _____
To me known to be the same person described in and who executed the within instrument, and who acknowledged the same to be the free act and deed thereof.

Notary Public _____ Parish or County _____
State of _____ My Commission Expires _____



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Photo and Media Release Form

I hereby grant permission to Northshore Disaster Recovery, Inc (dba The Epworth Project), its affiliates, agents, and/or partnership organizations permission to use my image, either in video or photograph, in its promotional materials and publicity efforts. I understand that the materials may be used in a publication, print ad, direct-mail piece, electronic media (e.g. video, CD-ROM, slide show, World Wide Web), or other form of promotion. I release Northshore Disaster Recovery, Inc, the photographer, their offices, employees, agents, board, and designees from liability for any violation of any personal or proprietary right I may have in connection with such use.

Participant Signature _____

Participant Printed Name _____

Parent/Guardian Signature _____
(If participant is under 18)

Parent/Guardian Printed Name _____
(If participant is under 18)

Address, City, State, ZIP _____

Group Name _____

Date _____