

Out of Chaos . . . HOPE!

A Mission Trip
Presbyterian Disaster Assistance
Tornado Recovery
Birmingham, Alabama

TRIP INFORMATION

Depart: Saturday, 3/3, 6:00am SCPC parking lot to depart.

Return: Saturday, 3/10. Leave AL at 6:00am, return 9:00ish.
Lodging available in SC Saturday, 3/10.

Cost: \$ 250.00 (by Nov. 30)
\$275.00 (by Dec. 30); \$300 (by Jan. 30)
[cost includes lodging, meals other than during travel, and transportation]

Work: through Presbyterian Disaster Assistance
will involve manual labor!

Website: gamc.pcusa.org/ministries/pda/volunteer-opportunities/

Questions: dianascpc@gmail.com ~ 814-238-2422

TO REGISTER: complete attached forms (2) and return to Diana Malcom with payment

Sponsored by SCPC MMU & WPF

FORM NUMBER THREE

INDIVIDUAL PARTICIPANTS WAIVER OF LIABILITY AND INDEMNITY

Restoration and Recovery Work in the Birmingham AL Metropolitan Area
With Lodging at the Volunteer Village of
First United Presbyterian Church of Forestdale
1375 Tomahawk Road Birmingham, AL 35214

I, _____, (the undersigned) as a member of the _____ Westminster Presbyterian Fellowship _____ Organization will be participating in a Mission Group involved in various projects for the restoration and recovery of the Birmingham Alabama Metropolitan Area. Said projects are to restore properties damaged in Tornados of April 27, 2011. As a participant and in consideration of being permitted to reside at First United Presbyterian Church of Forestdale, I understand and agree to the following:

That I will be staying at the Church and participating in those projects of my own free will as a volunteer and at my own risk and responsibility. I understand and agree that the Church, its minister, elders, session, member's volunteers and/or employees are not responsible or liable in the event of an accident, injury or illness including death occurring to me. In that regard I remise, release, indemnify and forever discharge and hold harmless for myself, my heirs and assigns the Church, its minister, elders, session, members, volunteers and/or employees from any liability, claim, suit, cause of action or judgment whatsoever arising out of or involved with my participation in the Mission Group and presence on the property of the Church.

I hereby state that I am in good health and have all the medications necessary to treat any allergic or chronic conditions. I am able to administer such medications without assistance. If at any time during my participation I require medical care and am not able to give consent due to my physical or mental condition, I authorize treatment by a licensed physician or other medical professional in regard to my care. I specifically release the Church and the leaders of the Mission Group 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 decision.

I understand that as a Mission Group participant, I will be performing certain tasks that could result in serious injury and/or death, including, but not limited to debris removal, sorting and packing relief supplies, and/or assisting in the repair and/or construction of personal residences, structures and other project activities. I further understand and voluntarily assume all risks associated with any tasks I may perform as a Mission Group participant.

The execution of this agreement by the undersigned further constitutes a waiver of any and all affirmative defenses which may be available by virtue of statute and as per the Alabama Rules of Civil procedure. The undersigned shall be responsible for any and all damages to Church property while said premises are being used for the specified activities. The Church reserves any and all remedies at law to collect any damages which may result from the use of said premises by the undersigned.

I agree to participate to the best of my ability in the projects that are planned as well as in the Mission Group's activities and responsibilities. I understand the use of alcohol on Church property and smoking inside Church buildings is prohibited. Smoking will be permitted on Church property in designated areas only. The use of drugs not prescribed for me by a licensed physician, at any time during the mission trip are prohibited and will not be purchased, possessed, or consumed by me during the mission trip. Finally, I also understand violations of local laws or ordinances will not be tolerated. If I fail to comply with these policies, I understand that I may be told to leave or sent home immediately at either my sponsoring group's or my family's expense.

The undersigned expressly warrants that this Release and Indemnity Agreement is to be binding upon his/her executors, successors, administrators and assigns. It is further warranted by the undersigned that no promise or inducement has been offered, except as herein set forth and that the undersigned or the undersigned parent or guardian is of legal age, legally competent to execute this agreement and agrees to all the terms of this Release and Indemnity Agreement, making all warranties herein set forth and accepting full responsibility therefore. This release is a full and final release of all claims known and unknown, anticipated and unanticipated. The undersigned has read this Release and Indemnity Agreement and fully understands it. The undersigned

agrees that his/her agreement shall be governed by and interpreted in accordance with the laws of the state of Alabama. The undersigned further agrees that in the event any clause or provision of this agreement shall be held to be invalid by any court of competent jurisdiction, such invalidity shall not otherwise affect the remaining provisions of the agreement which shall continue to be enforceable.

We the undersigned individual(s) and/or parents/guardians of the above named mission group participant will be staying at the Church and participating in a project or projects at his/her and my/our risk. I/we on my/our own behalf, hereby remise, release, indemnify and forever discharge and hold harmless for myself, my heirs and assigns the Church, its minister, elders, session, members, volunteers and employees from all liabilities for damage, injury, or illness including death to the mission participant or his/her property during his/her participation in or travel to or from any mission project or related event. We also understand and agree to all representations, comments and warranties made herein.

Further, I/we authorize the leader(s) of the mission team on my/our behalf and at my/our account to take such measures and arrange for such medical treatment by a licensed physician and hospital treatment as the leader(s) of the mission team may deem advisable for the health and well-being of the participant without need for further consent or permission.

In witness whereof the undersigned has/have executed this Release and Indemnity Agreement on the date or dates indicated.

Participant Signature _____ Date _____

For minors only:

Signature of Parent or Legal Guardian _____ Date _____

Signature of Parent or Legal Guardian _____ Date _____

Notary is required for minors only.

I, the undersigned authority, a Notary Public, hereby certify that: _____

Whose name(S) as the parent(s) and/or Legal Guardian(S), as the case may be , is or are signed to the forgoing INDIVIDUAL PARTICIPANTS WAIVER OF LIABILITY AND INDEMNITY and who is known to me, acknowledged before me on this day that, being informed of the contents of the instrument, he/she , as such:

_____ (individual, parent or legal Guardian) and with full authority, executed the same voluntarily as and for the act of said person. Sworn to before me this _____ day of _____, 20 ____

State of _____

County /City of _____

Notary Public _____

My term expires _____

Notary Seal

FORM NUMBER FOUR
PERSONAL INFORMATION

Restoration and Recovery Work in the Birmingham AL Metropolitan Area
With Lodging at the Volunteer Village of
First United Presbyterian Church of Forestdale
1375 Tomahawk Road Birmingham, AL 35214

Name _____ Age ____ Date of Birth _____

Address _____

Phone _____ E-mail _____

Emergency Contact Information:

Name _____ Relationship _____

Daytime phone _____ Evening phone _____

Primary Medical Insurance Carrier _____ Policy # _____

Secondary Medical Insurance Carrier _____ Policy # _____

Are you allergic to any foods or medications? _____ If yes please list _____

Do you have any medical conditions or physical limitations the leaders should know about? _____ If yes please list. _____

Participant Signature _____ Date _____