

2010 NWRCC Regional Assembly Mission Project

INTEREST AND MEDICAL RELEASE FORM

Your area of interest/skill on the work site:

Painting Yard Work General Cleaning Demolition

Bring gloves and dress accordingly!

Name: _____ Birthday: _____

Mailing Address: _____
Street City State Zip

Home Phone: _____ Alternate Phone: _____

Under 18 – Guardian Name: _____

Emergency Contact Name: _____ Relationship: _____

Emergency Contact Home Number: _____ Evening Number: _____

Emergency Contact Cell Number: _____ Any Other Number: _____

Allergies: Please check all that apply and describe "Others".

Bee Sting Hay Fever Mildew Aspirin Penicillin Sulfa Drugs Poison Ivy

Poison Oak Others _____

A current Tetanus Shot (within 5 years) is required to participate. Is your Tetanus Shot current? Yes No

Are you currently under a doctor's care for any condition? Include physician's name and phone number:

Other Special Needs: Are there any other medical or special needs that you may need assistance with or which might affect you at the works site that organizers should be aware of?

Medications: Please describe any medications you are currently taking and their purpose.

Insurance Information:

Insurance Provider: _____ Policy Number: _____

Group Number: _____ If you do not have health insurance, please check here:

(Under 18) Parental Authorization

The minor herein described has permission to engage in all tasks undertaken during the Mission Activity except as noted. I hereby give permission to the physician selected by the NWRCC to order x-rays, routine tests and treatment for the health of my child (to include hospitalization or other proper treatment, injections and/or surgery) as named above in the event that I cannot be reached in an emergency.

Parent Signature: _____ Date: _____

Liability Release

I, the undersigned Volunteer, hereby release and forever discharge and hold harmless NWRCC and its successors and assigns from any and all liability, claims, and demands of whatever kind or nature, either in law or in equity, which arise or may hereafter arise from Volunteer's Activities with NWRCC. I hereby release and forever discharge NWRCC from any claim whatsoever which arises or may hereafter arise on account of any first aid, treatment, or service rendered in connection with the Volunteer's Activities with NWRCC.

Signature: _____ Date: _____

Parent Signature if Volunteer is a Minor