

WV Ministry of Advocacy and Workcamps Inc.
LIABILITY RELEASE FORM

(For All Volunteers - Please fill out both pages and return two months prior to your trip.)

I, _____, acknowledge and state the following: I have chosen to travel to the work site to perform cleanup/construction work in disaster relief. 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 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 the disaster. I assume all risk and responsibility for any damage or injury to my property or any personal injury that I may sustain while involved in this project, and related material costs and expenses.

In the event that West Virginia Ministry of Advocacy and Workcamps, Inc. arranges accommodations, I understand that they are not responsible or liable for my personal effects and property and that they will not provide lockup or security for any items. I will hold them harmless in the event of theft or for 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 my estate my heirs and myself I release, discharge, indemnify and forever hold West Virginia Ministry of Advocacy and Workcamps, Inc., together with their officers, agents, servants and employees, harmless 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 own negligence. I also give permission for my picture to be used in West Virginia Ministry of Advocacy and Workcamps, Inc., publicity.

Signature: _____ Date: _____

For more information, go to www.wvpresbytery.org/wvmaw.htm.

MEDICAL INFORMATION:(Your confidentiality will be respected.)
**If you will be driving volunteers, please enclose a copy of your Driver's License.*

Participant Name _____
 Address _____
 City _____ State _____ Zip Code _____
 Phone Number _____
 Date of Birth _____ Age _____ Gender: M / F

Emergency Contact Name _____
 Emergency Contact Phone Number _____

Insurance Company Name _____
 Insurance Policy Number (if applicable) _____
 Insurance Policy Group Number (if applicable) _____

Date of last tetanus shot _____ Blood type (if known) _____

Please indicate if you have experienced health problems with the following:

Appendicitis _____	Ear trouble _____	Headache _____	Rheumatic Fever _____
Sinus trouble _____	Hernia _____	Convulsions _____	Fainting _____
Heart disease _____	Cramps in water _____	Epileptic seizure _____	Diabetes _____

Allergies (Please list type and treatment necessary)

Please indicate any items that need to be avoided (such as paint fumes, heights, poison ivy, etc.) _____

Other significant illnesses _____

Any and all health/medical information supplied above is for exclusive use of WVMAW and its agents (all supervising personnel). By signing the Liability Release Form, I give permission for this information to be used in planning for and supervising my participation while in West Virginia.

SKILLS INFORMATION:

What is your usual occupation? _____

Please indicate on this form your approximate level of skill using 1-4 to grade experience as listed below:

- 1 - Can supervise or teach this activity
- 2 - Able to competently perform this activity
- 3 - Could perform this activity with sufficient instruction
- 4 - Have never done this, or not a skill of mine

Carpentry	Cement work	Demolition	Drywall	Electrical	Floor/Tile	Glasswork	Masonry	Painting	Plumbing	Roofing	Yardwork

**WEST VIRGINIA MINISTRY OF ADVOCACY AND WORKCAMP
PARENTAL RELEASE FORM**

(for volunteers under age 18 – please fill out this form and the Liability Release Form)

Name of volunteer: _____

I hereby give permission for my child to serve in the Disaster Response project coordinated by the West Virginia Ministry of Advocacy and Workcamps on the following date(s)_____. In the event of an emergency during the duration of the trip, I hereby give consent to a licensed physician to hospitalize, secure proper treatment, anesthesia and/or surgery for my child named above.

I understand that I am responsible for his/her medical insurance and will not hold West Virginia Ministry of Advocacy and Workcamps, Inc., liable for any injury or damage to my child while engaged in the disaster project.

Parent/Guardian Signature: _____

Home Telephone: _____ Work Telephone: _____

Your relationship to participant: _____

Does your child have any physical limitation that might affect his/her work?

Special needs if any:

Volunteer Signature: _____

Date: _____