

*****WHAT YOU NEED TO DO TO SUBMIT YOUR REGISTRATION*****

- Please fill out the Information Sheet below for the use of our Team Leaders
- Please fill out the PWNC Accident Waiver Form
- The application forms for the Wilmington trip are on pages 13-15 of the Wilmington Manual [General Release, Medical Release, Skills Assessment]. **(make hard copies to fill out)**
- The Skills Assessment will determine the work projects that we will be assigned for the week.
- Mail a completed **Information Sheet, Accident Waiver and Application Forms** to: Presbytery of Western NC, 114 Silver Creek Road, Morganton, NC 28655 along with a check for \$75 made out to Presbytery of WNC * (see below). Presbytery will forward all applications to the on-site managers for each trip, and the Presbytery will make one payment to the host church prior to our arrival.

Information Sheet for Mission Team Leader

Name: _____

Email address: _____

Home church: _____

Best phone number to contact you prior to the trip: _____

Best phone number to contact you while on the trip: _____

Food Allergies _____

I am diabetic: Yes _____ No _____

A COVID-19 Vaccination is required to participate in this trip

Have you had your required COVID Vaccination? Yes _____ No _____

Any other health issues/medications our team leaders should know about?

Are you willing to help prepare a meal? Yes _____ No _____

Are you willing to lead an evening devotion? Yes _____ No _____

Do you plan to spend Friday night before returning home?

Yes _____ No _____ Not sure yet _____

* Would you like to request financial assistance of up to half of the requested donation?

Yes _____ No _____ If so, send in what you can.

ACCIDENT WAIVER AND RELEASE OF LIABILITY FORM

I HEREBY ASSUME ALL OF THE RISKS PARTICIPATING IN ANY/ALL ACTIVITIES ASSOCIATED WITH THIS EVENT, including by way of example and not limitation, any risks that may arise from negligence or carelessness on the part of the persons or entities being released, from dangerous or defective equipment or property owned, maintained, or controlled by them, or because of their possible liability without fault.

I certify that I am physically fit, have sufficiently prepared or trained for participation in this activity, and have not been advised to not participate by a qualified medical professional. I certify that there are no health-related reasons or problems which preclude my participation in this activity.

I acknowledge that this Accident Waiver and Release of Liability Form will be used by the event holders, sponsors, and organizers of the activity in which I may participate, and that it will govern my action and responsibilities at said activity.

In consideration of my application and permitting me to participate in this activity, I hereby take action for myself, my executors, administrators, heirs, next of kin, successors, and assigns as follows:

- (A) I WAIVE, RELEASE, AND DISCHARGE from any and all liability, including but not limited to, liability arising from the negligence or fault of the entities or persons released, for my death, disability, personal injury, property damage, property theft, or actions of any kind which may hereafter occur to me including my traveling to and from this activity, THE FOLLOWING ENTITIES OR PERSONS: Presbytery of Western North Carolina (PWNC) and/or their directors, officers, employees, volunteers, representatives, and agents, and the activity holders, sponsors, and volunteers;
- (B) INDEMNIFY, HOLD HARMLESS, AND PROMISE NOT TO SUE the entities or persons mentioned in this paragraph from any and all liabilities or claims made as a result of participation in this activity, whether caused by the negligence of release or otherwise.

I acknowledge that PWNC and their directors, officers, volunteers, representatives, and agents are NOT responsible for the errors, omissions, acts, or failures to act of any party or entity conducting a specific activity on their behalf.

I acknowledge that this activity may involve a test of a person's physical and mental limits and carries with it the potential for death, serious injury, and property loss. The risks include, but are not limited to, those caused by terrain, facilities, temperature, weather, condition of participants, equipment, vehicular traffic, lack of hydration, and actions of other people, including, but not limited to, participants, volunteers, monitors, and/or producers of this activity. These risks are not only inherent to participants, but are also present for volunteers.

I hereby consent to receive medical treatment which may be deemed advisable in the event of injury, accident, and/or illness during this activity.

I understand while participating in this activity, I may be photographed. I agree to allow my photo, video, or film likeness to be used for any legitimate purpose by the activity holders, producers, sponsors, organizers, and assigns.

The Accident Waiver and Release of Liability Form shall be construed broadly to provide a release and waiver to the maximum extent permissible under applicable law.

I CERTIFY THAT I HAVE READ THIS DOCUMENT AND I FULLY UNDERSTAND ITS CONTENT. I AM AWARE THAT THIS IS A RELEASE OF LIABILITY AND A CONTRACT AND I SIGN IT OF MY OWN FREE WILL.

Participant's Signature (Please print legibly.)	Date	Participant's Name	Age
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Parent/Guardian Signature	Date
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(If under 18 years old, Parent or Guardian must also sign.)

**GENERAL RELEASE, INDEMNIFICATION AGREEMENT AND
AUTHORIZATION FOR MEDICAL TREATMENT**

Participant name: _____ (“Participant”)

DOB: _____

Home Address: _____

City/State/Zip: _____

Telephone: (Cell) _____ (Day/Evening) _____

In consideration of the opportunity provided to me to participate in the Hurricane Florence Disaster Response and any services, housing, food, and the like provided by PCUSA (as defined below), I, Participant, hereby understand and agree that the Presbyterian Church (U.S.A.) General Assembly, all synods, presbyteries, and local churches (such local churches to include but not be limited to First Presbyterian Church of Wilmington, North Carolina, Presbyterian Church (U.S.A.)), and their corporations and related entities, their staff, volunteers, directors, officers, agents, elders, deacons, representatives, successors, assigns and entities (hereinafter collectively referred to as "**PCUSA**") will not be responsible in any way whatsoever for loss, damage, or injury of any kind or in any manner resulting from or in connection with my participation in the Hurricane Florence Disaster Response.

I, Participant, understand and agree that PCUSA does not and cannot guarantee my safety in connection with the Hurricane Florence Disaster Response. Further, I understand and agree the activities involved with the Hurricane Florence Disaster Response may include but are not limited to the following: difficult living conditions, risks concerning means of travel, food, water, diseases, pests, poor sanitation, and other health related situations, including potential injury while working. I accept and assume all responsibility for all risks which may occur during, in connection with, or result from my participation in the Hurricane Florence Disaster Response including, but not limited to, potential injury while working.

RELEASE: With the above in mind and by my signature below, I fully understand, agree and hereby voluntarily release and forever discharge PCUSA. PCUSA shall not be responsible or liable in any way for any accident, loss, death, injury or damage to myself or my property, in connection with my participation in the Hurricane Florence Disaster Response or any portion of the Hurricane Florence Disaster Response even if said injury or action is due to the alleged negligence of PCUSA. Further, I do hereby agree to indemnify and hold PCUSA harmless against any and all liabilities, damages, claims, actions or rights of action, suits, judgments and associated costs and expenses (including, without limitation, attorneys' fees) of whatsoever kind in connection with my participation in the Hurricane Florence Disaster Response or any portion of the Hurricane Florence Disaster Response. Further, I make this agreement on behalf of my heirs, agents, fiduciaries, successors and assigns. I waive, knowingly and voluntarily, each and every claim or right of action I have now or may have in the future against the PCUSA related to my participation in the Hurricane Florence Disaster Response, even if any such claim or right of action is caused by PCUSA's alleged negligence. This document does not release PCUSA from gross negligence.

MEDICAL COVERAGE: I understand and acknowledge that **no medical or other insurance or health care benefits will be provided to me by PCUSA** during my participation in the Hurricane Florence Disaster Response, and I certify that I have sufficient health, accident and liability insurance or other benefits to cover any bodily injury or property damage I may incur while participation in the Hurricane Florence Disaster Response and to cover bodily injury or property damage caused to a third party as a result of my participation in the Hurricane Florence Disaster Response, as follows:

Company _____ Policy # _____

Address _____

MEDICAL RELEASE: I hereby state that I am in good health and have all medications necessary to treat any allergic or chronic conditions, and I am able to administer such medications without assistance. If at any time during my participation in the Hurricane Florence Disaster Response I need emergency medical care and am not able to give consent because of my physical or mental condition, I authorize PCUSA to make emergency medical care decisions on my behalf, and I specifically release PCUSA, 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 PCUSA's alleged negligence.

Person to be notified in case of injury:

Name _____

Telephone: _____ (evening) _____ (daytime)

Cell Phone: _____

ALL PARTICIPANTS MUST SIGN:

My signature below indicates that I have read this entire two page document, understand it completely, and agree to be bound by its terms.

SIGNATURE OF PARTICIPANT: _____

DATE EXECUTED: _____

SIGNATURES MUST BE WITNESSED:

SIGNATURE OF WITNESS: _____

DATE EXECUTED: _____

(SIGNATURE OF PARENT OR LEGAL GUARDIAN IS ALSO REQUIRED IF PARTICIPANT IS UNDER 18 YEARS OF AGE.)

SIGNATURE OF PARENT/LEGAL GUARDIAN (if applicable) _____

SIGNATURE OF WITNESS: _____

DATE EXECUTED: _____

Volunteer Team Skills Assessment



OUT OF CHAOS, HOPE

Work Site: _____ Group Name: _____ Hometown: _____ Number and Type of Vehicles: _____
 Team Leader: _____ Leader's Cell: _____ Stay Dates: _____ Work Dates: _____

Please have each team member specify skills according to the following levels:

1= haven't done yet but willing to try 2= have done but need guidance 3= can do well independently 4= can do well and guide others 5= working in trade

	Full Name	Gender	Age	Lead work crew? (y/n)	Debris Removal	Heavy Lifting	Foundation	Tear out drywall, floors	Framing Carpentry	Finish Carpentry	Electrical	Plumbing	HVAC	Insulation	Drywall Hanging	Drywall Finishing	Siding	Window Installation	Door Installation	Cabinet Installation	Flooring: vinyl, etc.	Tile: ceramic, etc.	Mason: brick/plaster	Priming/Painting	Roofing	Landscaping	Pastor	Cook	First Aid/CPR Skills	
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