



Participant Form

(Includes Waiver and Release and BOUNCE Participant Guidelines)

Group Leaders: Bring ONE notarized copy of this document to registration and keep a photocopy for yourself to have with you in case of emergency at the project site. Attach a photocopy of insurance card.

Mission Location: Bartlesville, OK

Mission Dates: June 19-24, 2017

<p>Participant's Info:</p> <p>Name: _____</p> <p>Gender <input type="checkbox"/> Male <input type="checkbox"/> Female</p> <p>Date of Birth: ___/___/___ Age: _____</p> <p>Grade completed (participants only): _____</p>	<p>Participant's Address:</p> <p>Street Address: _____</p> <p>City: _____ ST: _____ ZIP: _____</p> <p>Participants email: _____</p>
<p>Emergency Contact Info:</p> <p>Name: _____</p> <p>Relationship to participant: _____</p> <p>Cell: (____) _____</p> <p>Home: (____) _____</p> <p>Work: (____) _____</p>	<p>Church Information:</p> <p>Church Name: <u>South Oaks Baptist Church</u></p> <p>Church Address: <u>5925 HWY 287</u></p> <p>City: <u>Arlington</u> ST: <u>TX</u> ZIP: <u>76017</u></p> <p>Group Leader: <u>Carlos Montoya</u></p> <p>Group Leader's cell # at project site: (<u>979</u>) <u>218-5769</u></p>
<p>Medical Info (Participants must have medical insurance)</p> <p>Generally, the participant's health is: (Check One) <input type="checkbox"/> Excellent <input type="checkbox"/> Good <input type="checkbox"/> Fair <input type="checkbox"/> Poor</p> <p>If Fair or Poor, please explain the condition: _____</p> <p>List any medical difficulties which are currently being treated: _____</p> <p>Check any of the following that cause you problems & explain:</p> <p><input type="checkbox"/> Asthma <input type="checkbox"/> Sinusitis <input type="checkbox"/> Bronchitis <input type="checkbox"/> Kidney Trouble <input type="checkbox"/> Heart Trouble <input type="checkbox"/> Diabetes <input type="checkbox"/> Dizziness <input type="checkbox"/> Stomach Upset <input type="checkbox"/> Hay Fever</p> <p>_____</p> <p>List any medicines or substances to which you are allergic: _____</p> <p>List any previous operations or serious illnesses: _____</p> <p>List any medications you are currently taking: _____</p> <p>List any special diet or special needs: _____</p> <p>Childhood Diseases: <input type="checkbox"/> Chickenpox <input type="checkbox"/> Measles <input type="checkbox"/> Mumps <input type="checkbox"/> Whooping Cough <input type="checkbox"/> Other: _____</p> <p>Date of Tetanus Immunization: ___/___/___</p> <p>Family Physician: _____ Phone: (____) _____</p>	
<p>Medical Insurance Info:</p> <p>Insurance Co.: _____ Policy #: _____</p> <p>Subscriber Name: _____ Subscriber Number: _____</p> <p>Employment: _____</p> <p>Subscriber Occupation: _____ Work Phone: (____) _____</p>	

BOUNCE PARTICIPANT GUIDELINES

As a BOUNCE MISSION Participant:

- I will seek to reflect Christ as I serve by participating in all aspects of the BOUNCE experience (worksites, ministry, worship, youth group reflections, etc.), and will observe the BOUNCE schedule.
- I will abide by guidelines established by the BOUNCE Leadership Team while at BOUNCE (dress code, accessible areas of lodging facility, lights out, etc.).
- For my safety and health, I understand no alcohol, tobacco, non-prescription drugs, fireworks, firearms, knives, or weapons of any kind are allowed at BOUNCE.
- Due to the serious nature of BOUNCE Mission work, I understand pranks and prank paraphernalia are not allowed.
- I agree to observe all safe worksite practices established by the BOUNCE Leadership Team.
- I realize that BOUNCE is a Kingdom approach to mission service. That being the case, participants from other churches will be partnering with me and my church for service. I will respect them, their privacy, and their possessions as we partner together for Kingdom service.
- I understand that I cannot leave the worksite or lodging facility without the permission of the Mission Coordinator and my group leader.
- I understand girls should not be in boys' rooms, and boys should not be in girls' rooms. I further understand that Public Displays of Affection (PDA) are not allowed between girlfriends and boyfriends while at BOUNCE.
- I am grateful that our lodging facility agreed to host us for the week of BOUNCE. I will make every effort to take care of the facility, keep it clean, and respect the facility and grounds during the week. I also understand that any damages to property are my personal responsibility.
- I will seek to glorify God through my hard work, my positive attitude, and my healthy relationships during the entire BOUNCE experience.
- I understand that my persistent failure to abide by the BOUNCE Participant Guidelines could result in an early trip home at my parent's/guardian's expense.

PARTICIPANT SIGNATURE: _____ DATE: _____

PARENT/GUARDIAN SIGNATURE: _____ DATE: _____

WAIVER AND RELEASE

Participant wishes to work as a volunteer in the project and project-related activities (the "Activities"). Participant assumes all risks relating to Participant's participation in the Activities. It is the sole responsibility of Participant to ensure that he/she is qualified to participate and to use safe worksite practices under the supervision of a Team Leader and/or other adult(s). By volunteering in the Activities, the Participant acknowledges he/she understands the rules and guidelines and will comply with all the rules and regulations, and if the Participant observes any unusual or unnecessarily hazardous during his/her service, the Participant will bring such hazard to attention of the nearest coordinator or project adult leader as soon as is practical.

In consideration of Participant's opportunity to participate in the Activities, I, the undersigned Participant, (and, if Participant is a minor, I the undersigned Parent/Guardian) agree to the following:

I understand the nature of the Activities and that some of these Activities may, by their nature, be risky, and at times, dangerous and I choose to voluntarily participate in the Activities with full knowledge that the Activities may be hazardous to me and my property. I acknowledge that the Activities may include such things as painting, roofing, installing doors, installing windows, building porches, constructing wheelchair ramps, conducting cleanup activities, scraping paint and removing debris from the work site and that these Activities have inherently dangerous elements and involve risks, including but not limited to climbing ladders, nailing nails, scraping paint, carrying heavy building supplies, using power tools and serving each day in sometimes extreme summer temperatures. **I UNDERSTAND THAT THE ACTIVITIES INVOLVE RISKS AND DANGERS WHICH COULD RESULT IN SERIOUS BODILY INJURY, INCLUDING PERMANENT DISABILITY, PARALYSIS, AND DEATH AND I ASSUME THE RISK OF INJURY, HARM OR DEATH.** I know of no medical reason why I should not participate. I understand that I am not required to participate in the Activities and that if I am uncomfortable engaging in the activities I can stop at any time.

I HEREBY VOLUNTARILY RELEASE, WAIVE, DISCHARGE, COVENANT NOT TO SUE, AND AGREE TO HOLD HARMLESS FOR ANY AND ALL PURPOSES BOUNCE AND BAPTIST GENERAL CONVENTION OF TEXAS (COLLECTIVELY, THE "ORGANIZATION") AND ITS OFFICERS, SERVANTS, AGENTS, VOLUNTEERS, EMPLOYEES, SUCCESSORS AND ASSIGNS ("ORGANIZATION PARTIES") FROM ANY AND ALL LIABILITIES, CLAIMS, DEMANDS, CAUSES OF ACTION, INJURIES (INCLUDING DEATH), OR DAMAGES, INCLUDING COURT COSTS AND ATTORNEY'S FEES AND EXPENSES, THAT ARE CONNECTED WITH MY PARTICIPATION IN THE ACTIVITIES, WHILE TRAVELING TO AND FROM THE ACTIVITIES, OR WHILE ON THE MISSION SITE PREMISES WHETHER CAUSED BY THE NEGLIGENCE OF THE ORGANIZATION PARTIES OR OTHERWISE.

I AGREE TO INDEMNIFY AND HOLD HARMLESS ORGANIZATION PARTIES FROM ANY AND ALL LIABILITIES, CLAIMS, DEMANDS, INJURIES (INCLUDING DEATH), OR DAMAGES, INCLUDING COURT COSTS AND ATTORNEY'S FEES AND EXPENSES, ARISING FROM ANY INJURY, PROPERTY DAMAGE OR DEATH THAT I MAY SUFFER AS A RESULT OF MY PARTICIPATION IN THE ACTIVITIES AND FROM MY GROSS NEGLIGENCE, RECKLESSNESS OR CRIMINAL CONDUCT.

I understand that Organization Parties may need to respond to accidents and potential emergency situations and I hereby give my consent for any medical treatment that may be required during my participation in the Activities and the sharing of the information set forth in this document with the understanding that the cost of any such treatment will be my responsibility. **I AGREE TO INDEMNIFY AND HOLD HARMLESS ORGANIZATION PARTIES FOR ANY COSTS INCURRED TO TREAT ME, EVEN IF AN ORGANIZATION PARTY HAS SIGNED HOSPITAL DOCUMENTATION PROMISING TO PAY FOR THE TREATMENT DUE TO MY INABILITY TO SIGN THE DOCUMENTATION. I FURTHER AGREE TO RELEASE, WAIVE, DISCHARGE, COVENANT NOT TO SUE, AND AGREE TO HOLD HARMLESS FOR ANY AND ALL PURPOSES, ORGANIZATION PARTIES FROM ANY AND ALL LIABILITIES, CLAIMS, DEMANDS, INJURIES (INCLUDING DEATH), OR DAMAGES, INCLUDING COURT COSTS AND ATTORNEY'S FEES AND EXPENSES, THAT MAY BE SUSTAINED BY ME WHILE RECEIVING MEDICAL CARE OR IN DECIDING TO SEEK MEDICAL CARE, INCLUDING WHILE TRAVELING TO AND FROM A MEDICAL CARE FACILITY, WHETHER CAUSED BY THE NEGLIGENCE OF THE ORGANIZATION PARTIES OR OTHERWISE.**

I understand that the Organization may or may not maintain any insurance policy covering any circumstance arising from my participation in the Activities or any event related to that participation. I am aware that I should review my personal insurance coverage. I understand that I am not an employee of Organization and am not covered under Organization's workers' compensation insurance.

It is my express intent that this agreement shall bind the members of my family and spouse, if any, if I am alive, and my heirs, assigns and personal representatives if I am deceased, and shall be governed by the laws of the State of Texas.

I grant unto the Organization all right, title, and interest in any and all photographic images and video or audio recordings that are made by the Organization during my work with the Organization, including, but not limited to, any royalties, proceeds, or other benefits that are derived from such photographs or recordings.

I expressly agree that this Waiver and Release is intended to be as broad and inclusive as permitted by the laws of the State of Texas, in the United States of America. I agree that in the event that any clause or provision of this Waiver and Release shall be held to be invalid by any court of competent jurisdiction, the invalidity of such clause or provision shall not otherwise affect the remaining provisions of this Waiver and Release which shall continue to be enforceable.

In signing this Waiver and Release, I acknowledge and represent that I have read it, understand it, and sign it voluntarily as my own free act and deed. Organization has not made and I have not relied on any oral representations, statements or inducements apart from the terms contained in this Waiver and Release. I execute this document for full, adequate and complete consideration fully intending to be bound by the same, now and in the future. I understand I can choose not to sign this document and free myself from its terms and the associated risks of the Activities by simply not participating in the Activities.

SIGNING THIS DOCUMENT INVOLVES THE WAIVER OF VALUABLE LEGAL RIGHTS.

IN WITNESS WHEREOF, Participant or Participant's parent(s) or legal guardian(s), as applicable, has read and executed this Release and Waiver as of the day and year set forth below.

Complete and sign below (Participants who are minors per your state laws require Parent/Legal Guardian signature).

Participant's Signature: _____ Date: ____/____/____
Parent/Guardian Signature: _____ Phone: () _____ Date: ____/____/____

Notary Acknowledgement: State of Texas
County of _____

On the ____ day of _____, 20____, before me, _____, Notary Public, personally appeared _____ who proved to me on the basis of satisfactory evidence to be the person(s) whose name(s) is/are subscribed to the within instrument and acknowledged to me that he/she/they executed the same in his/her/their authorized capacity(ies), and that by his/her/their signature(s) on the instrument, the person(s), or the entity upon behalf of which the person(s) acted, executed the instrument. I certify under PENALTY OF PERJURY under the laws of the State of _____ that the foregoing is true and correct. Witness my hand and official seal.

I certify under PENALTY OF PERJURY under the laws of the state that the foregoing paragraph is true and correct.

WITNESS my hand and official seal. Notary signature: _____

My commission expires: _____