



Office Use:
 Entered into ACS: _____
 Added to Group: _____
 Attendance Posted: _____
 Sent Text Invitation: _____

Adult/Family Volunteer Form

(Only for volunteers with SAME address. All others use separate form. All information will be held in confidence)

PLEASE PRINT CLEARLY AND LIST ONLY THOSE IN ATTENDANCE:

<u>Last Name</u>	<u>First Name</u>	<u>Gender</u>	<u>Birthday</u> <small>(mm/dd/yyyy)</small>	<u>Cell Phone</u>
_____	_____	M / F	___/___/___	_____
_____	_____	M / F	___/___/___	_____
_____	_____	M / F	___/___/___	_____
_____	_____	M / F	___/___/___	_____
_____	_____	M / F	___/___/___	_____
_____	_____	M / F	___/___/___	_____

Contact Information

Address: _____ Apt #: _____

City: _____ Zip: _____ Email: _____

Basic Medical Information

Emergency Contact Name: _____ Phone Number: _____

Do you have medical insurance? Yes / No Name of Insurance Provider: _____

Have you had a tetanus inoculation or booster in the last 10 years? Yes / No Date: _____

(This information will only be used in the event of an accident or illness for which you are unresponsive).

Indemnity and Release of Liability

I, _____ the undersigned participant/volunteer or I and my family hereby agree to
(PRINT NAME)

participate in 2nd Saturday activities through Asbury United Methodist Church.

- I / WE understand that myself or my family may be transported to an offsite location.
- I / WE understand that the activities involved may include but are not limited to construction, demolition, use of tools and acknowledge the inherent risks associated with such activities.
- I / WE understand and give my/our consent for 2nd Saturday volunteers, Asbury UMC staff or members to take and/or use photographs, voice, or video tapes of myself and/or my family for advertising or public display.

In consideration of my or my family's participation in such activity, I / WE HEREBY UNCONDITIONALLY REMISE, RELEASE AND FOREVER DISCHARGE and hold harmless Asbury UMC and their employees, directors, contractors, volunteers or agents, from any and all manner of liability, actions, causes of actions, claims, loss, damage, injury and demands of any nature which may be incurred by the individual(s) participant while volunteering and/or participating in any 2nd Saturday activities through Asbury UMC. This release shall be effective even though said liability, actions, causes of actions, claims, loss, damage, injury and demands results or has resulted from negligence, wrongful acts, omissions breach of contract, breach of duty of care and/or negligence.

Signature _____ **Date** _____

Cell # _____ **Cell Phone Provider:** (AT&T, Verizon, Sprint, etc) _____