

# Workcamper Information Form

## Return to Reach by April 1st, 2018!

Name: \_\_\_\_\_ Birth Date: \_\_\_\_\_ Age: \_\_\_\_\_ Sex: M F (circle one)  
Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Phone: (\_\_\_\_) \_\_\_\_\_ - Cell Phone: (\_\_\_\_) \_\_\_\_\_ - E-mail: \_\_\_\_\_  
Year in School, Fall of 2018: 6 7 8 9 10 11 12 College Adult (circle one) T-Shirt Size: S M L XL 2X 3X 4X (circle one)

If you are attending a combination trip, would you prefer to be teamed with: ☐ Middle School ☐ High School

Health Status: Please indicate any special health concerns or medication requirements:

Can this health information be shared with your Adult Workcrew Leader(s) at camp? ☐ Yes ☐ No

Work Experience: Have you attended a Reach Mission Trip before? ☐ Yes ☐ No

Please mark the spaces below that indicate your experience in each of the following areas:

|            | No Experience | Limited Experience | Handy Person | Professional |
|------------|---------------|--------------------|--------------|--------------|
| Carpentry  | _____         | _____              | _____        | _____        |
| Concrete   | _____         | _____              | _____        | _____        |
| Drywalling | _____         | _____              | _____        | _____        |
| Electrical | _____         | _____              | _____        | _____        |
| Flooring   | _____         | _____              | _____        | _____        |
| Painting   | _____         | _____              | _____        | _____        |
| Plumbing   | _____         | _____              | _____        | _____        |
| Roofing    | _____         | _____              | _____        | _____        |

Briefly describe any experience indicated above:

Check any reservations concerning the following:

Tall Ladders ☐

Roofing ☐

Heavy Lifting ☐

### PERSONAL COMMITMENT:

I agree to participate in all work skills and servanthood preparation activities with my youth group. I also agree to participate fully in the workcamp program, including the work projects and planned programs. I understand a Christian atmosphere and attitude is expected during the Mission Trip, both at the school and at the worksite. I agree to conduct myself in such a manner and abide by the rules and directions of the Mission Trip leadership.

### PARENTAL RESPONSIBILITY RELEASE:

In consideration for being accepted by Reach Mission Trips, a Colorado Non-profit Corporation, for participation in a Reach Mission Trip. I (we) the parent(s) or legal guardian(s) of this participant will assume all responsibility and agree to hold harmless and indemnify Reach Mission Trips, its directors, officers, employees and agents for any liability sustained by Reach Mission Trips as the result of negligent, willful or intentional acts of my (our) son (daughter) that may result in claims and demands for personal injury, sickness and death, as well as property damage and expenses. I (we) authorize and grant permission to Reach Mission Trips to furnish any necessary transportation, food and lodging and to assign work projects to my (our) son (daughter). Further, should it be necessary for my (our) son (daughter) to return home due to disciplinary action, for medical reasons or otherwise, I (we) hereby assume all transportation costs.

### INSURANCE COVERAGE:

Each participant is covered by secondary accident insurance. Coverage includes physicians' and nurses' fees, hospital confinement costs, surgical fees, x-rays and prescriptions. This plan of insurance is secondary to any health insurance you have. Submission of claims should be sent to your personal insurance first. (Please bring your personal insurance card.) If you have a hospital visit, please be sure to take the Claim Form given to you at the Reach Office home with you. The secondary insurance is to prevent out of pocket expenses for the Workcamper.

Insurance Company and Policy Number \_\_\_\_\_

Insurance Company Phone Number \_\_\_\_\_

### MEDICAL RELEASE:

I (we) am (are) the parent(s) or legal guardian(s) of this participant, and hereby grant my (our) permission for him (her) to be transported to a doctor or hospital and hereby authorize medical treatment, including but not limited to emergency surgery or medical treatment, and assume the responsibility of all medical bills, if any, in excess of any applicable medical insurance coverage provided through Reach Mission Trips.

Emergency Contact Name 1: \_\_\_\_\_

Emergency Phone 1: \_\_\_\_\_

Emergency Contact Name 2: \_\_\_\_\_

Emergency Phone 2: \_\_\_\_\_

Date of last tetanus shot: \_\_\_\_\_

Signature (Parent or Legal Guardian's Signature if under 18)

Participant Signature

18AVANNRNCGSC1

Church ID

Date

# REACH MISSION TRIPS PARTICIPANT RELEASE AGREEMENT

[PLEASE READ CAREFULLY. THIS IS A LEGAL DOCUMENT.]

THIS RELEASE AND WAIVER OF LIABILITY ("the Release") is executed in Weld County, Colorado by \_\_\_\_\_ (the "Participant") in favor of Reach Mission Trips, a Colorado non-profit corporation, and all of its officers, employees, participants and all team members, including team leaders (collectively "Reach Mission Trips").

I, the Participant, desire to work as a Participant for the Mission Trip sponsored by Reach Mission Trips and engage in the activities relating to being a Participant member of the Mission Trip. I understand that the activities may include, but are not limited to, traveling to and from **Greenville, SC**, consuming food and living in accommodations available and provided in **Greenville, SC**, working on home construction and repair, and other construction and repair related activities, including heavy work and labor.

I hereby freely and voluntarily, without duress, execute this Release under the following terms:

1. **Waiver and Release.** I, the Participant, release and forever discharge and hold harmless Reach Mission Trips and all other participants in the Mission Trip from any and all liability, claims, and demands of whatever kind and nature, either in law or in equity, which arise or may hereafter arise from my involvement in the Mission Trip to **Greenville, SC** scheduled for **June 17th - June 23rd, 2018**.

I understand and acknowledge that this Release discharges Reach Mission Trips from any liability or claim that I, the Participant, may have against Reach Mission Trips with respect to any bodily injury, personal injury, illness, death, or property damage that may result from my participation with the Mission Trip.

2. **Assumption of the Risk.** I understand that my time on the Mission Trip may include activities that may be hazardous to me, including, but not limited to, construction activities, loading and unloading of heavy materials, and local transportation to and from the worksites. I recognize and understand that my time on the Mission Trip may, in some situations, involve inherently dangerous activities. I acknowledge that I have been fully informed of the risks and dangers inherent in the activities I will be engaging in during the Mission Trip.

I authorize and grant permission to Reach Mission Trips to furnish any necessary transportation, food and lodging, and to assign work projects for the Mission Trip. I hereby expressly and specifically assume the risk of injury or harm in these activities and release Reach Mission Trips from all liability for injury, illness, death, or property damage resulting from the activities of my time with Reach Mission Trips.

3. **Assumption of Personal Responsibility, Release, and Indemnification.** In consideration for being accepted by Reach Mission Trips for participation in the Mission Trip, I, the Participant, agree to assume all responsibility for all of my conduct and actions during the Mission Trip, and agree to hold harmless and indemnify Reach Mission Trips, all of its officers, employees, participants, and all team members, including team leaders, for any claims, demands, or liability whatsoever incurred or sustained by Reach Mission Trips as the result of my conduct or actions during the Mission Trip.

4. **Insurance and Medical Treatment.** I, the Participant, will carefully and truthfully complete the separate Reach Mission Trips "Workcamper Information Form," and will sign the forms at the same time as I sign this Release. I release and forever discharge Reach Mission Trips from any claim whatsoever which arises or may hereafter arise on account of any first-aid treatment or other medical services rendered in connection with any emergency or other medical treatment or services during my time on the Mission Trip.

5. **Media Release.** I, the Participant, grant permission to Reach Mission Trips to use my name and/or photographs for use in Reach Mission Trips publications, including, but not limited to promotional materials, newsletters, brochures, the Reach Mission Trip website, videography and other electronic versions of publication.

6. **Other.** I expressly agree that this Release is intended to be as broad and inclusive as permitted by the laws of the State of Colorado in the United States of America, and that this Release shall be governed by and interpreted in accordance with the laws of the State of Colorado. I agree that in the event that any clause or provision of this 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 Release which shall continue to be enforceable.

7. **Other Persons.** This Release shall apply in favor of Reach Mission Trips and all of its members and all persons who have organized and/or in any way have or will participate in the Mission Trip.

Participant: \_\_\_\_\_

Participant's Parent: \_\_\_\_\_  
(if participant is under 18)

Date: \_\_\_\_\_

**Please check out our website to learn more about our scholarship program: [www.ReachMissionTrips.org/Scholarships](http://www.ReachMissionTrips.org/Scholarships)**

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