



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: _____

Mission Dates: _____

<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: _____</p> <p>Church Address: _____</p> <p>City: _____ ST: _____ ZIP: _____</p> <p>Group Leader: _____</p> <p>Group Leader's cell # at project site: (____) _____</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 (worksite, 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") and assumes all risks relating to 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 crew chief 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 on behalf of Participant and himself/herself) agree to the following:

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, removing debris from the work site and gathering of people 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, exposure to viruses and working in extreme summer temperatures. **I UNDERSTAND THAT THE ACTIVITIES INVOLVE RISKS AND DANGERS WHICH COULD RESULT IN SERIOUS BODILY INJURY, INCLUDING PERMANENT DISABILITY, PARALYSIS, SICKNESS AND DEATH AND I ASSUME THE RISK OF INJURY, SICKNESS, 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, for myself, Participant, our assigns, representatives, heirs and executors (collectively, "Participant Parties"), hereby accept all risks, known and unknown to Participant's health and of Participant's injury or death that may result from participation in the Activities. I, for myself, Participant and for the Participant Parties, hereby voluntarily hold harmless and release, waive, discharge, indemnify and covenant not to sue Baptist General Convention of Texas ("BGCT"), its officers, directors, employees, volunteers, agents, representatives, successors and assigns and anyone acting in concert with BGCT ("BGCT Parties") of and from all claims, demands, causes of action, damages, injuries or liability of any kind or nature whatsoever arising out of, or in any way connected to or with Participant's participation in the Activities (including, without limitation, Participant's use of transportation, whether provided directly or indirectly by the BGCT Parties, or any of them, to or from any Activities), **even though the claim or liability may arise out of the negligence, fault or carelessness on the part of the BGCT Parties, or any of them, or any third party, whether foreseen or unforeseen, known or unknown.**

Medical Release. In the event of Participant's sickness or injury, I authorize and grant the BGCT Parties the authority to seek medical care for Participant, including but not limited to, such medical and surgical treatment or procedures as the treating physician chosen by the BGCT Parties, or any of them, may, in such physician's sole determination, deem necessary or advisable. I authorize the BGCT Parties to transport Participant or arrange transportation for Participant to appropriate medical facilities and to share Participant's personal information with such facilities or personnel at such facilities. I certify that I have adequate insurance to cover injury to or illness of Participant, including all medical and surgical costs incurred by the BGCT Parties on Participant's behalf and I assume full responsibility for all medical bills incurred on Participant's behalf.

Photo Release. I grant BGCT Parties permission to use Participant's image, likeness and voice and name in connection therewith in a photograph, video, audio, electronic format or other digital or analog media or any other copying or recording medium still or moving (collectively, the "Image") in any medium (including without limitation, publications such as web-based publications, the internet, web pages, emails, film, television, radio, video tapes, DVD, CD-ROM and others) without payment or other consideration. I waive any right to royalties or other compensation arising or related to the use of the Image.

Indemnification. I, or Participant, as applicable, agree to indemnify and hold harmless BGCT Parties from any and all liabilities, claims, demands, injuries (including death, or damages), including court costs and attorneys' fees and expenses arising from any injury, property damage, sickness or death that Participant may suffer as a result of Participant's participation in the Activities and the injury or death of any person(s) and damage to property that may result from Participant's negligent or intentional act or omission while participating in the Activities.

I hereby expressly agree that this Liability Release and Indemnification Agreement (the "Agreement") is intended to be as broad and inclusive as permitted by law and that if any portion hereof is held invalid, it is agreed that the balance, notwithstanding, continue in full legal force and effect. I have read and fully understand this Agreement. I understand that I am **waiving valuable legal rights** by signing this Agreement and am aware of its legal consequences. I have signed this Agreement freely and voluntarily, and I knowingly accept all the terms and conditions as set forth above. I am at least eighteen (18) years of age and fully competent.

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

Participant's Signature: _____ Date: ___/___/___
Parent/Guardian Signature (if Participant is a minor): _____ Phone: () _____ Date: ___/___/___

Notary Acknowledgement: State of Texas
County of _____

This instrument was acknowledged before me on the ____ day of _____, 20__ by _____.

WITNESS my hand and official seal. Notary signature: _____
My commission expires: _____