

Individual Release of Liability Form – Presbytery of Yukon

Please read before signing, as this constitutes the agreement as a volunteer and the understanding of your working relationship as a volunteer with the Presbytery of Yukon.

I _____ acknowledge and state the following: I have chosen to travel to and within the Presbytery of Yukon in Alaska, including several towns within that presbytery. I will participate in construction work on the new church in Gambell, on St. Lawrence Island.

I understand that this work entails a risk of physical injury and often involves hard physical labor, heavy lifting, other strenuous activity, the use of power tools, and that some activities may take place on ladders or scaffolding. Furthermore, I understand that I will be in a remote location with limited access to high level trauma care or hospitalization. I certify that I am in good health and physically able to perform this type of work.

I understand that I am engaging in this project at my own risk. I assume all risk and responsibility as well as related costs and expenses for any damage or injury to my property or any personal injury, which I may sustain while involved in this project.

In the event that the Presbytery of Yukon, or any member church of the Presbytery of Yukon arranges accommodations, I understand that they are not responsible or liable for my personal effects and property and that they will not provide lock up or security for any items. I will hold them harmless in the event of theft, or for loss resulting from any source or cause. I further understand that I am to abide by whatever rules and regulations may be in effect for the accommodations at the time.

By my signature, for myself, my estate, and my heirs, I release, discharge, indemnify and forever hold the Presbytery of Yukon and any member church of the Presbytery of Yukon, together with their officers, agents, servants and employees, harmless from any and all causes of action arising from my participation in this project, including travel or lodging associated therewith, or any damages which may be caused by their own negligence.

PLEASE PRINT (except where indicated)

Name: _____ Date: _____

Signature: _____

Address: _____

Person to contact in case of emergency: _____

Address: _____

Phone (_____) _____ Cell: (_____) _____

Work (_____) _____

Individual Volunteer Skill Form – Presbytery of Yukon

Date: ____/____/____ Name: _____

Address: _____

Phone (____) _____ Cell (____) _____

To use your time and talents to the greatest benefit while you are volunteering, please indicate which of the following skills you have and also the level of skill you have using the following chart:

- 0 = I am unable to do or am not interested in this skill;
- 1 = I don't know how but am willing to learn/try;
- 2 = I have done it before but still need help to do;
- 3 = I can do a good job by myself;
- 4 = I can do a good job and can guide/teach others

Skill Levels:

- _____ Architect
- _____ Carpenter (General)
- _____ Carpenter (Framing)
- _____ Carpenter (Trim)
- _____ Clean-up worker
- _____ Concrete
- _____ Contractor..... I hold a license in the state of _____
- _____ Drywall hanger
- _____ Drywall finisher (taper)
- _____ Egress Window
- _____ Electrician..... I hold a license in the state of _____
- _____ Engineer
- _____ Flooring-Carpet
- _____ Flooring-Underlay
- _____ Flooring-Vinyl
- _____ Heating/cooling..... I hold a license in the state of _____
- _____ Heavy equipment operator _____
- _____ Insulation
- _____ Mason
- _____ Painting
- _____ Plumbing..... I hold a license in the state of _____
- _____ Roofer Shingle _____ Metal _____
- _____ Other

Medical Consent Authorization - Presbytery of Yukon

Name: _____ Date of Birth: _____

Address: _____ Phone: _____

Event Name & Dates Attending: _____

Medical Provider Information: (*Please attach copy of Insurance Card)

Insurance Provider: _____ Policy Number: _____

Physician: _____ Physician's Phone: _____

Physician's Address: _____

In Case of an Emergency Contact:

Name	Phone	Relationship
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Name	Phone	Relationship
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Known Medical Problems and Medications:

This information is included to provide information to emergency personnel of medical problems and medications in an emergency situation. This information is confidential and will ONLY be released to medical personnel in the case of a medical emergency.

Existing Medical Problem <i>(Example: Asthma)</i>	Medication Taken <i>(Example: Combivent)</i>	Dosage Taken <i>(Example: 2 puffs)</i>	Dosage Frequency <i>(Example: "Twice Daily")</i>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Medical Consent Authorization:

In the event of an injury, accident, illness or other emergency, I understand that the information on this form will be released to medical personnel in the case of an emergency and I agree to accept all financial responsibility for the costs related to any required medical treatment.

Name	Phone	Date Signed
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General Media Release – Presbytery of Yukon

I hereby authorize the Presbytery of Yukon to make and/or publish photographs, motion pictures, videotapes, recordings, or other memorization of the event and my participation therein.

I hereby release and hold harmless the Presbytery of Yukon from any reasonable expectation of privacy or confidentiality associated with the media specified above.

I further acknowledge that my participation is voluntary and that I will not receive financial compensation of any type associated with the taking or publication of these photographs or other media in marketing materials or other publications. I acknowledge and agree that publication of said media confers no rights of ownership or royalties whatsoever.

I hereby release the Presbytery of Yukon, its contractors, its employees, and any third parties involved in the creation or publication of marketing materials, from liability for any claims by me or any third party in connection with my participation.

Authorization

Printed Name: _____

Signature: _____ Date: _____