

WORKCAMPER INFORMATION FORM

RETURN TO REACH BY APRIL 1, 2010!

Name: _____ Date of Birth: _____ Age: _____ Sex: M F (circle one)
 Address: _____ City: _____ State: _____ Zip: _____
 Phone: () _____ E-Mail Address: _____

Year in School, Fall 2010: 7 8 9 10 11 12 College or Adult (circle one) T-shirt Size: S M L XL 2XL 3XL 4XL (circle one)

If you are attending a combination workcamp, would you prefer to be teamed with: Jr. High or Sr. High Students (circle one)

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

Work Experience: Have you attended a Reach Workcamp before? Yes No

Please check the boxes below that indicate your experience in each of the following areas:

	No Experience	Limited Experience	Handy Person	Professional
Carpentry	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Concrete/Masonry	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Drywalling	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Electrical	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Flooring	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Painting	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Plumbing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Roofing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Briefly describe any experience indicated above: _____

Circle 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 workcamp, 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 workcamp leadership.

PARENTAL RESPONSIBILITY RELEASE:

In consideration for being accepted by Reach Workcamps, a Colorado Non-profit Corporation, for participation in a Reach Workcamp. I (we) the parent(s) or legal guardian(s) of this participant will assume all responsibility and agree to hold harmless and indemnify Reach Workcamps, its directors, officers, employees and agents for any liability sustained by Reach Workcamps 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 Workcamps 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 Workcamps.

Emergency Contact Name: _____

Emergency Phone: _____

Date of last tetanus shot: _____

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

Participant Signature

Date

Laurie Little
 Matthews United Methodist Church
 301 S. Trade St.
 Matthews, NC 28105

10LLMNC50H
 (704) 847-6261

REACH WORKCAMP 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, on this _____ day of _____, 2010, by _____ (the "Participant") in favor of Reach Ministries International, Inc., a Colorado non-profit corporation, and all of its officers, employees, participants and all team members, including team leaders (collectively "Reach Ministries").

I, the Participant, desire to work as a Participant for the Workcamp Trip sponsored by Reach Ministries and engage in the activities relating to being a Participant member of the Workcamp Trip. I understand that the activities may include, but are not limited to, traveling to and from **South Webster, OH**, consuming food and living in accommodations available and provided in **South Webster, OH**, 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 Ministries and all other participants in the Workcamp 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 Workcamp trip to **South Webster, OH**, scheduled for **June 13th** through **June 19th, 2010**.

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

2. **Assumption of the Risk.** I understand that my time on the Workcamp 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 Workcamp 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 Workcamp Trip.

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

3. **Assumption of Personal Responsibility, Release, and Indemnification.** In consideration for being accepted by Reach Ministries for participation in the Workcamp Trip, I, the Participant, agree to assume all responsibility for all of my conduct and actions during the Workcamp Trip, and agree to hold harmless and indemnify Reach Ministries, 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 Ministries as the result of my conduct or actions during the Workcamp Trip.

4. **Insurance and Medical Treatment.** I, the Participant, will carefully and truthfully complete the separate Reach Ministries Workcamper Information Form, and will sign the forms at the same time as I sign this Release. I release and forever discharge Reach Ministries 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 Workcamp Trip.

5. **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.

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

Done and signed on the date above stated.

PARTICIPANT: _____

PARTICIPANT'S PARENT:
(If Participant is a minor)

Laurie Little
Matthews United Methodist Church
801 S. Trade St.
Matthews, NC 28105

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