



Adult Emergency Medical Mission Information

Personal Information

Participant's Name: _____ Cell Phone: (____) _____

Home Address: _____ Home Phone:(____) _____

City/State/ Zip: _____ Home Church: _____

Email: _____ Birthdate M/D/Y ____/____/____

Medical Information (Emergency Use ONLY)

Any Special Medical Needs or Concerns? _____

Diabetic? _____ Seizures? _____

Allergies (Medication, Insects, Plants or Otherwise)? _____

Conditions or Problems with Over the Counter Medications? If so, what? _____

Taking Prescribed Medication? _____ If so, Name, Purpose, Dosage, Frequency: _____

Past Medical History / Injuries and other Helpful Health Information:

Date of Last Tetanus Shot: _____ Name of Physician: _____

Name of Physician Group: _____ Phone #: _____

Insurance and Contact Information (Emergency Use ONLY)

Health Insurance Provider: _____ "Providers Call" Phone #: (____) _____

Group #: _____ Policy #: _____ I.D. #: _____

In Case Of **EMERGENCY CALL**: _____ Relationship: _____

Day Phone Number: _____ Cell Phone #: _____

If Unable to Contact Above, **CALL**: _____ Relationship: _____

Day Phone Number: _____ Cell Phone #: _____

I am in good health to fully participate in all activities (Mission) with the Labors for Neighbors, Inc. (L4N) team. I join L4N as a Team Member, appoint the L4N Mission Team leaders as my L4N Sponsors, authorize the L4N Sponsors to disclose to any health care provider my individually identifiable health information which includes, without limitation, medical history, treatment, and medications, and unless I check the box below, I authorize and direct L4N to retain a copy of this document for future Missions. I understand that I will have UMVIM Accident Insurance, only if I timely deliver the completed UMVIM application to L4N. **FAX Notarized Form to 214.953.1332**

Check **HERE** if you do **NOT** want us to Retain This Document for Future Missions!

Participant's Signature: _____ Date: _____

(rev 03/15/2011)

Liability Release and Assumption of Risk

I am over eighteen years of age and acknowledge that, in consideration for being permitted to travel on the L4N bus, to perform roofing and other construction and volunteer work (Mission) and to engage in all events as a volunteer participant without compensation (L4N Team Member), I release, hold harmless and promise not to sue (Release) the General Board of Global Ministries, the UMVIM Board, UMCOR Disaster Recovery, the Texas, North Texas and Oklahoma Indian Missionary Conferences, Highland Park United Methodist Church, Labors for Neighbors, Inc. (L4N), my Home Church, the L4N Sponsor(s), and any affiliated agency, conference, or local church of the United Methodist Church, together with their respective ministers, deacons, elders, officers, directors, agents, employees, L4N Team Members and all other persons and entities associated with the Mission, jointly and severally (collectively, Mission Supporter) for any loss, liability, personal injury, or property damage (Damage) whether caused by the negligence, gross negligence, or misrepresentation of a Mission Supporter or otherwise, and for the intentional, reckless or negligent acts of third parties who are outside the control of a Mission Supporter (collectively, "Claims"). I am in good health, am able to participate fully as an L4N Team Member, and I am engaging in this Mission voluntarily and at my own risk. I assume full responsibility for any physical injury or accident occurring during the Mission including, without limitation, travel, physical labor and hazardous construction activity which is likely to include heavy lifting and other strenuous activity on ladders, roofs and scaffolding above ground level. I assume all risk associated with this Mission including, but not limited to, contact with other L4N Team Members, effects of inclement temperatures, humidity or weather, the condition of the Mission site and the possible unavailability of medical care. I agree to select a job appropriate for my physical ability and condition, to follow L4N instruction, to abide by all L4N rules and conduct for the Mission, and to accept full responsibility for any breach thereof. If youth under eighteen (Minors) are participating on this Mission, I hereby authorize and request that any agency or other person having personal knowledge about me, furnish to L4N or its authorized agent, any information regarding my criminal record including but not limited to crimes affecting Minors, and I agree to provide any necessary additional information and authorization to secure it. While on the Mission I will impose appropriate physical and emotional boundaries with, and I will endeavor not to be alone with any Minor. Further, I authorize L4N and UMCOR Disaster Recovery to use my name, likeness, voice, endorsement and any other record of the Mission, and I consent to the recording and use of the personal data I am providing.

By my signature below, for myself and my representatives, heirs and assigns, as applicable, I Release the Mission Supporters from any and all Claims and Damages arising from this Mission, and all related activities, including without limitation, travel, lodging and work, and I agree to indemnify the Mission Supporters for any Damages, including without limitation, medical costs and expenses arising from the Claims, or otherwise.

Emergency Medical Authorization

AND I do hereby authorize and appoint the L4N Sponsor(s) and their agent(s) as my true and lawful, attorney(s) in fact to act for me and in my name, place and stead to consent, on my behalf, to any medical/hospital care or treatment to be rendered upon the advice of any licensed physician, nurse or hospital, or that the L4N Sponsor(s) or their agent(s) shall deem proper or advisable to do or exercise on my behalf. I agree to be responsible for all charges incurred by any hospitalization or treatment rendered pursuant to this authorization. This Power of Attorney for Emergency Medical Authorization and appointment of the L4N Sponsor(s) and their agent(s) as my attorney-in-fact is for the sole and limited purpose of medical treatment, and shall not terminate on my subsequent physical or mental disability.

IMPORTANT: SIGN IN THE PRESENCE OF A NOTARY PUBLIC

SIGNATURE AND NOTARIZATION

I have read and agree to the terms and conditions of both the **LIABILITY RELEASE and ASSUMPTION OF RISK**, and the **EMERGENCY MEDICAL AUTHORIZATION** above, and in **WITNESS WHEREOF** I have hereunto set my hand this ___ day of _____, 201__.

Signed: _____
(SIGNATURE of Participant – L4N Team Member) (PRINTED NAME of Participant – L4N Team Member)

BEFORE ME, the undersigned Notary Public, on this day personally appeared _____, who is known to me to be the person whose name is subscribed to the above **LIABILITY RELEASE and ASSUMPTION OF RISK**, and the **EMERGENCY MEDICAL AUTHORIZATION**, and acknowledged that he / she executed them for the purposes and consideration therein expressed.

Given under my hand and seal of office this _____ day of _____, 201__.
_____, Notary Public, in and for the State of Texas

Credit Card Information

Each L4N Team Member will need a means of paying for emergency medical treatment and must **TIMELY** deliver to UMVIM the UMVIM Insurance form, **AND PROVIDE L4N THE INSURANCE INFORMATION ABOVE OR MUST PROVIDE L4N SUFFICIENT CREDIT CARD information to be used in the event of a medical emergency.**

(rev 03/15/2011)