

VOLUNTEER RELEASE AND WAIVER OF LIABILITY

for children under 18 years old traveling without parents or guardian

PARENTAL CONSENT

The undersigned does hereby give permission for my child _____ (child's name) ("Participant"), to attend and participate in any Apostolic Christian HarvestCall (hereafter "HarvestCall") activities, events, retreats and childcare.

This VOLUNTEER RELEASE AND WAIVER OF LIABILITY (this "**Release**") is executed as of the date below in favor of Apostolic Christian HarvestCall, an Illinois nonprofit corporation and its directors, officers, employees, volunteers, agents, and affiliates (collectively, the "**Organization**").

I desire to volunteer for the Organization and engage in activities related to being its volunteer (the "**Activities**"). I understand that the Activities may include, but are not limited to, attending a mission trip, moving heavy objects, operating equipment, climbing ladders, using power tools, sorting debris, construction activities, traveling between states during the COVID-19 pandemic and staying overnight in third party accommodations. I also understand that as a volunteer I will receive no compensation or remuneration for my services and will not be eligible for any employee benefits. I acknowledge that I am not an employee.

In exchange for being allowed to participate in the Activities as a volunteer and for other good and valuable consideration, the receipt and sufficiency of which I acknowledge, I hereby freely, voluntarily, and without duress execute this Release and agree to the following terms:

1. Assumption of Risk. I am aware and understand that the Activities may be inherently dangerous and may expose me to a variety of foreseen and unforeseen hazards and risks. I recognize the heightened risk of participating in the Activities during the COVID-19 pandemic. I acknowledge that I am voluntarily participating in the Activities and have considered those risks. I hereby expressly and specifically assume such risks, including any and all risk of injury, harm, or loss that I may incur as a result of my participation in the Activities.

2. Medical Treatment. I hereby give consent and authority to the Organization to obtain medical treatment on my behalf if I am injured or require medical attention during my participation in the Activities. I understand and agree that I am solely responsible for all costs related to such medical treatment, medical transportation, and/or evacuation. I hereby release, forever discharge, and hold harmless the Organization from any claim whatsoever in connection with such treatment or other medical services.

3. Release and Waiver. I hereby fully and forever release and discharge the Organization from, and expressly waive, any and all liability, claims, and demands of whatever kind or nature, either in law or in equity, that may arise from my participation in the Activities. I agree not to make or bring any such claim or demand against the Organization, and fully and forever release and discharge the Organization from liability under such claims or demands.

I UNDERSTAND THAT THIS RELEASE DISCHARGES THE ORGANIZATION FROM ANY LIABILITY OR CLAIM THAT I MAY HAVE AGAINST THE ORGANIZATION WITH RESPECT TO ANY BODILY INJURY, PERSONAL INJURY, ILLNESS, EMOTIONAL TRAUMA, DEATH, PROPERTY DAMAGE, OR PROPERTY LOSS THAT MAY RESULT FROM THE ACTIVITIES, WHETHER CAUSED BY THE NEGLIGENCE OF THE ORGANIZATION, COVID-19, OR OTHERWISE.

4. Insurance. I UNDERSTAND THAT THE ORGANIZATION DOES NOT ASSUME ANY RESPONSIBILITY FOR OR OBLIGATION TO PROVIDE FINANCIAL ASSISTANCE OR OTHER ASSISTANCE, INCLUDING BUT NOT LIMITED TO MEDICAL, HEALTH, OR DISABILITY INSURANCE OF ANY NATURE IN THE EVENT OF MY INJURY, ILLNESS, OR DEATH, OR DAMAGE TO OR LOSS OF MY PROPERTY.

I also understand that workers' compensation insurance is not available to volunteers and that the Organization does not provide workers' compensation insurance for volunteers. I expressly waive any claim for compensation or liability on the part of the Organization in the event of any injury or medical expense. I also understand that I will be responsible for any travel expense should emergency transportation to return home or an extended stay become necessary. I am aware I am responsible for determining whether my present insurance coverage extends to accidents or illnesses which occur at the location of the Activities, including outside of the United States.

5. Photographic Release. I understand and agree that during the Activities, I may be photographed and/or videotaped by the Organization for internal and/or promotional use. I hereby grant and convey to the Organization all right, title, and interest, including but not limited to, any royalties, proceeds, or other benefits, in any and all such photographs or recordings, and consent to the Organization's use of my name, image, photograph, likeness, and voice in perpetuity, in any medium or format, for any publicity without further compensation or permission.

6. Criminal Matters. I further understand that the Organization provides no protection against criminal laws or assistance with criminal charges, and I am fully responsible and accountable for all of my actions in connection with the Activities.

7. Miscellaneous. I hereby agree that this Release represents the full understanding between the Organization and me and supersedes all other prior agreements, understandings, representations, and warranties, both written and oral, between us, with respect to the subject matter hereof. If any term or provision of this Release shall be held to be invalid by any court of competent jurisdiction, that term or provision shall be deemed modified so as to be valid and enforceable to the full extent permitted. The invalidity of any such term or provision shall not otherwise affect the validity or enforceability of the remaining terms and provisions. This Release is binding on and inures to the benefit of the Organization and me and our respective heirs, executors, administrators, legal representatives, successors, and permitted assigns. Section headings are for convenience of reference only and shall not define, modify, expand, or limit any of the terms of this Release.

8. Other Organization Resources. I have read and will support the guidelines in the booklet, "Team Guidelines." I also acknowledge that I can access the Sexual Conduct Policy, the Child Safety Policy, the Team Guidelines, and the Rebuilding Ministry Registration Process and Policy at harvestcall.org and will fully abide by the rules, procedures, and instructions in these documents.

BY SIGNING, I ACKNOWLEDGE THAT I HAVE READ AND UNDERSTOOD ALL OF THE TERMS OF THIS RELEASE AND THAT I AM VOLUNTARILY GIVING UP SUBSTANTIAL LEGAL RIGHTS, INCLUDING THE RIGHT TO SUE THE ORGANIZATION.

Name of youth Participant

x _____
Signature of youth Participant

Date

I acknowledge that I can access the Sexual Conduct Policy, the Child Safety Policy, and the Guideline for Work Teams at harvstcall.org/resources. I understand the rules and responsibilities and will talk with the youth participant about the policies and guidelines in a manner consistent with the child's maturity level.

Name of parent/guardian

x _____
Signature of parent/guardian

Date

YOUTH INFORMATION

Name _____ Grade _____ DOB _____ Male/Female

Nickname _____

Address _____

Email _____

Youth Home Phone _____ Cell Phone _____

PARENT/ GUARDIAN INFORMATION

Name(s) _____

Email(s) _____

List all phone numbers where the parent/guardian can be reached (type: i.e. home, cell)

Name _____ # _____ Type _____

Name _____ # _____ Type _____

EMERGENCY CONTACT

Name _____ # _____ Relation _____

Name _____ # _____ Relation _____

Medical Information

NON-PARENT/GUARDIAN EMERGENCY CONTACTS

Name: _____ Relation: _____

Phone(s): _____

PRIMARY CARE PHYSICIAN

Name: _____

Phone(s) _____ Fax: _____

Name of practice: _____

Date of last Tetanus shot (required) _____

INSURANCE INFORMATION

Medical Insurance Company: _____ Phone: _____

Policy/Group ID#: _____

Policy Holder's Name (please print): _____

MEDICATION:

List all medications the youth will take during any youth ministry trips, retreats, or events.

Medication Name	Dose	Treatment for	Dispensing instructions
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_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Over-the-Counter Medication Permission: Do you give permission for your child/youth to be given over-the-counter medication as needed and as directed on the label, to treat non-emergency medical conditions that do not require a doctor or hospital visit such as a minor headache, stomachache, or allergic reaction (i.e. Tylenol, Advil, antacids, Benadryl) while at a youth ministry event?

☐ No. Contact me or get medical help if my child has any minor medical concerns.

Parent signature _____

☐ Yes. I give permission for an adult youth leader to give my child approved over-the-counter medications as directed on an as needed basis to treat non-emergency medical conditions.

Parent Signature _____

MEDICAL CONDITIONS: Please answer in detail if applicable or write N/A. Attach additional pages if necessary.

1. List any medical conditions (asthma, diabetes, epilepsy, etc.):

2. List any allergies (drug/medicine, food, and/or environmental) and the severity and type of reaction:

3. Please explain any other pertinent information about the Participant (i.e. physical, behavioral, or emotional) that would be important for the adult leaders to know.

HarvestCall Image Release Form for Children and Youth

I understand that HarvestCall may take photos or video during work projects or activities. I give my permission for HarvestCall to use images taken of me for use in communications, which may include but not limited to brochures, websites, emails, etc. If I prefer my image not be used for HarvestCall communications, I will give notification in writing to the project coordinator prior to the work project trip.

HarvestCall -- Covenant of Community Expectations

The following rules and guidelines are equally binding on adult leaders/chaperones and youth.

NON-NEGOTIABLE RULES

- Any Participant failing to abide by these rules, at the sole discretion of the adult leader or HarvestCall representative, may be sent home immediately at personal/family expense.
- No use of illicit drugs or alcohol
- Presence at and full participation in all group activities, including adherence to curfews and other time-related instructions
- No sexual misconduct (defined as exposure, touching, or inappropriate reference to body areas normally covered by undergarments)
- Must be in assigned rooms by designated time
- Coed visitation only in assigned community room
- Smoking and the use of tobacco products are not allowed to, from, or during any trip.
- No breaking of any American laws in the United States or any other country.

GUIDELINES FOR LIVING IN CHRISTIAN COMMUNITY

- Adults and youth will be equally responsible for performing assigned tasks in a timely and cooperative manner.
- Participants will be respectful, encouraging, and will maintain a positive attitude toward others always, recognizing Christ's presence in each other.
- Participants will be respectful of both common living spaces and the property of others.
- Participants will avoid the use of foul language, cursing, or any speech (including "humor") which puts down, makes fun of, or stereotypes other persons or groups.
- Sleeping areas for males and females will be separate.

I have read the foregoing. I fully understand its contents, understand that this agreement does not expire, and confirm my agreement by signing below. I am over the age of 21 and have legal capacity to sign the release.

Name of Child Volunteer: _____

Signature of Parent/Guardian: _____

Name of Parent/Guardian (please print): _____

Date: _____