



PARTICIPANT FORM

Note: All Mission Serve participants and leadership must complete this form to be eligible to participate in a Mission Serve Project. Students under 18 years of age must have the signature of a parent and the form notarized. This form includes a Medical Release and Model Release. **ALL SELECTIONS MUST BE COMPLETE FOR ELIGIBILITY. Return this form to your group leaders as soon as possible.** Group leaders are responsible for submitting this entire form to Mission Serve at the project. Please have each member of your group complete a participation form, make a copy for your files and bring the original with you to the Project.

Please Print Legibly

Participant Information

Name (Last) _____ (First) _____ Date of Birth ___/___/___ Age _____ Sex _____ Grade completed _____
Home Address _____ City _____ State _____ Zip _____
Phone _____ email address _____ Social Security # _____ - _____ - _____
Your Church _____ Address _____ City _____ State _____ Zip _____
In Case of Emergency, contact (must be a family member – list 2):
Name _____ Cell # _____ Day # _____ Night # _____
Name _____ Cell # _____ Day # _____ Night # _____

Project Information

Project Location: _____ Project Date: _____

Medical Profile

Generally, my health is: (Check one) Excellent Good Fair Poor

If **Fair** or **Poor**, please explain your condition: _____

List any medical difficulties for which you are CURRENTLY being treated: _____

List any medication you are CURRENTLY taking: _____

List any medicines or substances to which you are ALLERGIC: _____

Family Physician: _____

Physician's Address: _____

Date of **Tetanus Immunization** ___/___/___

Insurance Company: _____ Policy or Group #: _____

(Attach copy of insurance card)

Address (City, State, ZIP): _____

Subscriber Name: _____ Subscriber Number: _____

Place of Employment: _____ Subscriber Occupation: _____ Work Phone: _____

Authorization for Medical Treatment

For myself and for and on behalf of my participant child under 18 years of age ("Participant"), I hereby give permission for any physician, hospital, or health care facility to provide medical care, treatments, and administer medications to Participant as deemed necessary by a physician and our Mission Serve Group Leader during the Mission Serve Project.

Release of All Claims

For and in consideration of participation in the Mission Serve Project, for myself and Participant I hereby acknowledge that we understand that risks, including inherently dangerous risks are associated the Mission Serve Project ("Risks"), and we hereby assume all such Risks, and for myself and Participant I hereby release Serve Management Group, Inc., and all of its agents, employees, Officers and Directors, including all Mission Serve staff (herein SMG), from any and all Risks, actions, causes of action, claims, demands, liabilities and obligations of any and every nature whatsoever, including, without limitations, for illness, personal injury, death, property damage, and personal or proprietary rights to my and Participant's image(s) (collectively herein, "Claims"), and hereby hold SMG harmless and agree to fully indemnify SMG from and against any and all Claims.

I hereby personally assume full responsibility for any and all Claims and for any and all hospital and medical bills for myself and Participant. I hereby certify to SMG that I have obtained and will maintain in full force and effect during the Mission Serve Project adequate primary medical insurance for myself and or the Participant. I understand that only limited supplemental medical insurance may be provided for Mission Serve Participants, to which limitations and exclusions apply. In the event it is necessary for me or Participant to return home due to disciplinary action, for medical reasons, or otherwise, I hereby personally assume full responsibility for all such transportation arrangements and costs.

Consent to Use and Publication of Image

For and in consideration of participation in the Mission Serve Project, for myself and Participant I hereby give SMG the absolute, unconditional, and irrevocable right and permission to use my name and Participant's name and to use, reproduce, edit, exhibit, project, display, copyright, and publish, photographic images and/or moving pictures and/or videotaped images of me and/or Participant, with or without voice, in which I and/or Participant are included, in whole or in part, photographed, taped, videotaped, and/or recorded prior to, during, and/or after the Mission Serve Project, and to circulate same in any and all forms and media for art, advertising, trade purposes, and competition, of every description and any other lawful purpose whatsoever, and I hereby consent to the use of all printed matter in conjunction therewith and waive all rights to inspect and/or to approve drafts, finished products, and/or editorial, promotional, and printed copy, and/or sound tracks, and hereby discharge and agree to hold SMG harmless and fully indemnify SMG from and against any and all Claims arising by virtue of any production, alteration, use, distribution, or disposition thereof, and from and against all Claims arising by virtue of any blurring, distortion, alteration, optical illusion, or use in composite form, whether intentional or otherwise, that may occur or be produced in the production, processing, duplication, projecting, or displaying of said images of me and/or Participant, and from any and all Claims for violation of any personal and all proprietary rights of that I or Participant may have or may claim to have in connection with such images and with the production, alteration, use, distribution, and disposition thereof.

--- Please complete and sign below (students under 18 years of age requires parent/custodial signatures) ---

Participant's signature: _____ Date: ___/___/___

Father/Custodial Parent Signature: _____ Phone: () _____ Date: ___/___/___

Mother/Custodial Parent Signature: _____ Phone: () _____ Date: ___/___/___

Notary Public (FOR PARTICIPANTS 17 YEARS OF AGE AND YOUNGER)

On this date the person(s) who are signed above personally appeared before me, being personally known by me, and in my presence executed this authorization and release form. Witness my hand and official seal this date (___/___/___).

Notary Public

My commission expires ___/___/___.

EACH PARTICIPANT MUST COMPLETE THIS FORM
SERVE MANAGEMENT GROUP PO Box 1767, CUMMING, GEORGIA 30028
WHITE COPY, MISSION SERVE YELLOW COPY, GROUP LEADER PINK COPY, FIRST AID COORDINATOR