

**Medical and Liability Release Form**

**Crossroads Church Relief and Recovery**

**Hurricane Relief Trip #2 - Irma**

I \_\_\_\_\_ authorize \_\_\_\_\_  
(Crossroads participant) (another adult on trip)

If I am unable to do so, to consent to any necessary examination, anesthetic, medical diagnosis, surgery treatment and/or hospital care rendered to me under the general or special supervision and on the advice of any physician or surgeon licensed to practice medicine by the state in which he/she practices, during the duration of the trip identified below.

UMVIM Project: **Hurricane Relief Trip #2 - Irma, January 2018**

Home Physician \_\_\_\_\_ Phone \_\_\_\_\_

Medical Insurance Provider \_\_\_\_\_ Phone \_\_\_\_\_

Policy Number \_\_\_\_\_ Group Number \_\_\_\_\_

Allergies \_\_\_\_\_

Medications \_\_\_\_\_

***Person to contact in the event of an Emergency:***

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Address \_\_\_\_\_ Phone ( ) \_\_\_\_\_

***Secondary Person to contact in the event of an Emergency:***

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Address \_\_\_\_\_ Phone ( ) \_\_\_\_\_

**Blood Type** \_\_\_\_\_ Do you have? **Diabetes** \_\_\_Yes \_\_\_No **Seizures** \_\_\_Yes \_\_\_No

**Physical Limitation** \_\_\_\_\_

**Other Medical Information** \_\_\_\_\_

Participant's Signature \_\_\_\_\_

**Participant Liability Release Form**  
**Crossroads Church Relief and Recovery**  
**Hurricane Recovery Trip #2 - Irma**

*Please read before signing, as this constitutes the agreement as a volunteer and the understanding of your working relationship as a volunteer with The United Methodist Church Florida Conference Disaster Recovery Ministry.*

I, \_\_\_\_\_ acknowledge and state the following: I have chosen to travel to perform clean-up/construction work designed to repair disaster damage. I understand this work entails a risk of physical injury and often involves hard physical labor, heavy lifting and other strenuous activity; and that some activities may take place on ladders and building framing other than ground level. 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 understand this is a "grass roots" activity to support individuals adversely affected by Hurricane/flood disaster or receiving assistance to repair or replace substandard housing.

I assume all risk and responsibility for any damage or injury and related medical costs and expenses to my property or any personal injury, which I may sustain while involved in this project.

In the event that my supervising disaster organization arranges accommodations, I understand that they are not responsible or liable for my personal effects and property nor will they provide lock up or security for any items. I will hold them harmless in the event of theft or loss resulting from any source or cause. I further understand I am to abide by whatever rules and regulations may be in effect for the accommodations at that time.

I understand the confidential nature of this work and understand that private or personal information gained while working with homeowners is to be held in confidence unless permission to share has been granted.

By my signature, for myself, my estate and my heirs, I release, discharge, indemnify and forever hold The United Methodist Church Florida Conference Disaster Recovery together with their officers, agents, servants and employees, harmless from any and all causes of action arising from my participation in this project, and travel or lodging associated therewith, including any damages which may be caused by their negligence.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Dates of work team or dates covered by this liability form: January 27 - February 3, 2018  
Church or Organization Name: Crossroads Church UMC

Witness: \_\_\_\_\_ Date: \_\_\_\_\_

**Individual Skills Survey Sheet**  
**Crossroads Church Relief and Recovery**  
**Hurricane Relief Trip #2 - Irma**

Name \_\_\_\_\_

**Please identify skills utilized and rate the skill level as listed below.**

Tile Work \_\_\_\_\_

Landscape \_\_\_\_\_

Electrician \_\_\_\_\_

Chainsaw \_\_\_\_\_

Painting \_\_\_\_\_

Roofing \_\_\_\_\_

Plumbing \_\_\_\_\_

Heating/AC \_\_\_\_\_

Insulation \_\_\_\_\_

Kitchen Cabinets \_\_\_\_\_

General Helper \_\_\_\_\_

General Contractor \_\_\_\_\_

Drywall \_\_\_\_\_

Carpentry \_\_\_\_\_

Mason \_\_\_\_\_

Other \_\_\_\_\_

**A – Willing Helper**

**B – Do-It-Yourselfer**

**C – Extensive handy person, no trade experience**

**D – Worked trade previously**

**E – Working trade currently as helper, etc.**

**F – Licensed**

(Specify what trade) \_\_\_\_\_

(Hanging, finishing)

(Interior, framing, exterior)

(Tile setter, block layer, plasterer)

(Specify) \_\_\_\_\_

What are you interested in doing?

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What are your hobbies?

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