



Volunteer Statement and Registration Form

This MUST be signed before volunteer can participate in any HRLC Activity

THEREFORE, in consideration of Hinton providing facilities and mission work opportunities for the minor, I/We hereby freely and voluntarily, on behalf of myself/us and the minor named above, and all successors and assigns of all of the above, RELEASE and HOLD HARMLESS Hinton Rural Life Center, Inc., its officers, directors, employees, and agents from any and all liability, legal claims of any nature: which may arise during or after the mission trip and/or which are in any way associated with, arising from, or connected with the mission trip; including but not limited to bodily injury, medical expenses, and death.

Printed full legal name of Minor volunteer: _____

I/We, the undersigned, hereby affirm to Hinton Rural Life Center, Inc. (hereinafter Hinton) that I/We have legal custody or guardianship of the above-named minor who is under the age of 18.

CONSENT/AUTHORIZATION FOR MEDICAL CARE

I/We hereby consent for the above-named minor to attend and participate in the 2014 mission trip to Hinton, located in Hayesville, N.C., sponsored by _____ (name of group sponsor), and that Hinton may photograph and videotape the minor participating in mission trip activities and thereafter use such in promotional materials.

In the event of a medical emergency befalling the minor during the mission trip, I/We hereby authorize Hinton, its officers, employees, and agents: to select a medical facility/physician/dentist and to cause the minor to be transported to same, and in the event that I/We cannot be reached, to consent to medical/dental treatment as recommended by the physician/dentist including but not limited to administration of anesthesia, diagnostic medical procedures and testing, performance of operations, and other actions, but not including withdrawing or withholding life support.

RELEASE

I/We acknowledge that the minor will be participating in mission activities including but not limited to: traveling in vehicles; home repair and rehabilitation (such as general carpentry, use of electric powered tools and hand tools, painting, climbing ladders with and without supplies, working in high places, and other construction related activities); recreational activities (such as swimming, team and individual sports, etc.); residing in Hinton facilities; dining at Hinton facilities.

I/We acknowledge that we, and the minor, have read and understand the contents of the Hinton Mission Experience Rules, Regulations, and Guidelines and Medical Information, and that copies of same have been provided to me/us by the mission trip group sponsor.

I/We acknowledge that Hinton does not provide any medical insurance coverage for mission trip participants and that I/We are fully responsible for medical insurance/medical care payment for the minor.

I/We acknowledge that Hinton is a nonprofit entity which provides facilities and mission work opportunities for religious and charitable purposes.

Printed name of Parent(s)/Guardian(s)

Signature/Date of Parent(s)/Guardian(s)

_____ (date) _____

_____ (date) _____

Witness:

Signature of Group Sponsor Representative

_____ (date) _____

Volunteer's age 18 years or older:

Participated with HRLC before? Yes No

Printed Name of Participant

Signature Date

Volunteers under 18 years of age:

Participated with HRLC before? Yes No

Printed Name of Participant

Signature Date

Parent/Legal Guardian Signature Date

Vol. Last Name _____
First Name _____ MI _____
Nickname _____
Address _____
City, State, Zip _____
Phone _____
Twitter Handle _____
Facebook _____
Instagram _____

Birthday _____ (mm/dd/yy)

Gender Male Female
Occupation _____

Email Address _____

Staying in Touch with Hinton Rural Life Center:

Jen Crouse, Administrator of Housing Ministries
(919) 332-2097 or (828) 389-8336
jen@hintoncenter.org

Andy Carter, Director of Housing Ministries
(704) 796-3502 or (828) 389- 8336
andy@hintoncenter.org

We need to hear from you if:

- Your Contact Person changes
- Your group size changes
- Your trip date changes
- You want to cancel your trip
- You need to know what your balance is
- You have any questions at all

Just prior to your trip date, you will be communicating with the staff from Hinton to discuss any further questions, outstanding balances, and housing assignments. Any other information that needs to be provided will be at this time, or just upon your arrival.

EMERGENCY MEDICAL INFORMATION

Medical information on this form will **ONLY** be used if medical treatment is needed. It will be used for no other purpose.

Date of last Tetanus shot: 0-1 years 1-5 years 5-10 years

Medication(s) you currently take (prescribed & over-the-counter, please list all!)

Medication(s) you CANNOT take _____

Any allergies and/or special health problems or concerns _____

Medical Insurance Information:

Company Name: _____ Policy #: _____
Phone: _____ Policy Holder's ID #: _____
Address: _____ Relationship to Policy Holder: _____
City, State, Zip: _____ Physician's Name/Phone: _____

PLEASE INCLUDE A COPY OF YOUR INSURANCE CARD WITH THIS DOCUMENT

In an emergency, please contact:

Name _____ Name _____
Relationship _____ Relationship _____
Address _____ Address _____
City, State, Zip _____ City, State, Zip _____
Day Phone _____ Day Phone _____
Evening Phone _____ Evening Phone _____
Cell Phone _____ Cell Phone _____

Also at HRLC? Yes No Also at HRLC? Yes No

In the event of an emergency or non-emergency situation in which medical treatment is required as a result of participation, every reasonable attempt will be made to contact the person(s) listed above.