

# NOLA FUSION Individual Application Individual Team Member Registration

Name \_\_\_\_\_ DOB \_\_\_\_\_ Sex \_\_\_\_\_

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

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Email \_\_\_\_\_

Church Group leader **Pastor Brant** \_\_\_\_\_

Closest Relative:

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

Contact Phone Number: \_\_\_\_\_

**T-Shirt Size - Circle One Selection:** S M L XL XXL

## 2018 Summer Schedule

Week One: June 9 - 16

Week Two: June 16 - 23

Week Three: June 23 - 30

Week Four: June 30 - July 7 (Holiday Week)

Week Five: July 7 - 14

Week Six: July 14 - 21

Week Seven: July 21 - 28

**Medical:**

1. Are you currently under a doctor's care, if so, for what reason?

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2. Have you had any serious physical or emotional illness in the past 2 years? Please explain

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3. List medications taken regularly and give reasons.

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4. List allergies (food, medications, others)

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5. Do you have any physical limitations? If so, please explain.

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6. Blood Type \_\_\_\_\_

7. Date of last tetanus shot: *(Must update if more than 5 years)* \_\_\_\_\_

8. Insurance Company: \_\_\_\_\_

Group number: \_\_\_\_\_ Policy number: \_\_\_\_\_

**(Please attach front and back copies of your insurance card)**

9. Please share how you came to know Christ as your Savior?

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10. Why do you want to come to New Orleans on this mission's project?

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**Covenant of Participation**

**I agree** to obey all rules and follow the directions of the UIM staff and those of my own church leaders. **I will** refrain from any use of drugs, alcohol and tobacco products. I will not use foul or inappropriate language. **I will**, to the best of my ability, foster group cohesiveness by refraining from behavior that may cause dissension, factions or discord.

**I will** refrain from developing an exclusive relationship with a member of the opposite sex during my short-term mission in New Orleans in order to concentrate my efforts on this project. **I will** dress appropriately as defined by UIM.

Signature of Participant \_\_\_\_\_ Date \_\_\_\_\_

Parent/Guardian's Signature \_\_\_\_\_ Date \_\_\_\_\_

*(For all students regardless of age)*



## WAIVER AND RELEASE OF LIABILITY, ASSUMPTION OF RISK, AND INDEMNITY

IN CONSIDERATION of being permitted to participate in any way in the volunteer service at and for Urban Impact Ministries, Inc. ("Event"), I:

1. ACKNOWLEDGE; agree; and represent that I understand the nature of the Event and that I am qualified, in good health, and in proper physical condition to participate in such Event. I further agree and warrant that if at any time I believe conditions to be unsafe, I will immediately discontinue further participation in the Event.

2. FULLY UNDERSTAND THAT: (a) EVENT ACTIVITIES INVOLVE RISKS AND DANGERS OF SERIOUS BODILY INJURY, INCLUDING PERMANENT DISABILITY, PARALYSIS, AND DEATH ("RISKS"); (b) these Risks and dangers may be caused by my own actions or inactions, the actions or inactions of others participating in the Event, the condition in which the Event takes place, or THE NEGLIGENCE OF THE "RELEASEES" NAMED BELOW; (c) there may be OTHER RISK AND SOCIAL AND ECONOMIC LOSSES either not known to me or not readily foreseeable at this time; and I FULLY ACCEPT AND ASSUME ALL SUCH RISKS AND ALL RESPONSIBILITY FOR LOSSES, COSTS, AND DAMAGES I incur as a result of my participation or that of the minor in the Event. I fully understand and agree that this Waiver and Release is binding on my heirs, assigns and legal representatives.

3. HEREBY RELEASE, DISCHARGE, AND COVENANT NOT TO SUE URBAN IMPACT MINISTRIES INC, its respective administrators, directors, agents, officers, members, volunteers, and employees, other participants, any sponsors, advertisers, and, if applicable, owner and lessors of premises on which the Event takes place, (each considered one of the "RELEASEES" herein) FROM ALL LIABILITY, CLAIMS, DEMANDS, LOSSES, OR DAMAGES ON MY ACCOUNT CAUSED OR ALLEGED TO BE CAUSED IN WHOLE OR IN PART BY THE NEGLIGENCE OF THE "RELEASEES" OR OTHERWISE, INCLUDING NEGLIGENT RESCUE OPERATIONS, AND I FURTHER AGREE that if, despite this RELEASE AND WAIVER OF LIABILITY, ASSUMPTION OF RISK, AND INDEMNITY AGREEMENT I, or anyone on my behalf, makes a claim against any of the Releases, I WILL INDEMNIFY, SAVE, AND HOLD HARMLESS EACH OF THE RELEASEES from any litigation expenses, attorney fees, loss, liability, damage, or cost which may incur as the result of such claim.

4. ACKNOWLEDGE that upon my signing, this is a legally binding document and should any portion of this Waiver and Release be judicially determined invalid, voidable or unenforceable, for any reason, such portion of this Waiver and Release shall be severable from the remaining portions herein and the invalidity, voidability or unenforceability thereof shall not affect the validity, effect, enforceability or interpretation of the remaining provisions of this Waiver and Release.

5. PHOTOGRAPHIC RELEASE: I grant and convey unto Urban Impact Ministries, Inc. all right, title, and interest in any and all photographic images and video or audio recording made of me by Urban Impact Ministries, Inc. during my work with Urban Impact Ministries, Inc., including, but not limited to, any royalties, proceeds, or other benefits derived from such photographs and recordings.

**I HAVE CAREFULLY READ THIS WAIVER AND RELEASE AGREEMENT, FULLY UNDERSTAND ITS TERMS AND HAVE SIGNED IT FREELY AND WITHOUT INDUCEMENT OR ASSURANCE OF ANY NATURE AND INTEND IT TO BE A COMPLETE AND UNCONDITIONAL RELEASE OF ALL LIABILITY TO THE GREATEST EXTENT ALLOWED BY LAW AND AGREE THAT IF ANY PORTION OF THIS AGREEMENT IS HELD TO BE INVALID THE BALANCE, NOTWITHSTANDING, SHALL CONTINUE IN FULL FORCE AND EFFECT.**

**I AM AWARE THAT THIS IS A RELEASE OF LIABILITY AND A CONTRACT BETWEEN URBAN IMPACT MINISTRIES, INC. AND ME.**

**ON THIS DATE, I HAVE SIGNED ON MY OWN FREE WILL.**

**Date:** \_\_\_\_\_

Printed Name of Participant:

\_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Participant's Signature:

\_\_\_\_\_

**PARENT OR GUARDIAN IF UNDER AGE 18:**

Printed Name of Parent or Guardian:

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Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Parent or Guardian Signature: \_\_\_\_\_