

CAMP VICTOR MEDICAL AUTHORIZATION FORM

Organization / Congregation _____

Departure Date _____ Return Date _____

CAMP LOCATION: _____

I, _____, authorize _____,

(Participant)

(another adult on the mission)

if I am unable to do so, to consent to any necessary examination, anesthetic, medical diagnosis, surgery, or 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 or country in which they practice, during the mission trip identified above.

Note: All applicants must provide the following information:

Participant's physician _____ Phone _____

Medical Insurance provider _____ Phone _____

Policy Number _____

Address of Insurance Provider _____

Allergies, Medications and Particular Health Problems: _____

Signature of Participant _____

Date _____

PARTICIPANT LIABILITY RELEASE FORM

Please read before signing, as this constitutes the agreement as a volunteer and the understanding of your working relationship as a volunteer with Lutheran Social Services Disaster Response (LSSDR), Lutheran Episcopal Services in Mississippi (LESM), and Camp Victor Ministries.

I, _____ acknowledge and state the following:

I have chosen to travel to perform clean-up/construction work designed to repair disaster damage.

I understand that 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 that this is a grassroots activity to support individuals adversely affected by flood/disaster. I assume all risk and responsibility for any damage or injury to my property or any personal injury, which I may sustain while involved in this project, and related medical costs and expenses.

In the event that my supervising disaster organization arranges accommodations, I understand that they are not responsible or liable for my personal effects or property, and that they will not provide lock up or security for any items. I will hold them harmless in the event of theft or for loss resulting from any source or cause. I further understand that I am to abide by whatever rules and regulations may be in effect for the accommodations at that time.

By my signature, for my estate, my heirs, and myself I release, discharge, indemnify and forever hold, Lutheran Disaster Response, Lutheran Social Services Disaster Response, the Southeastern Synod of the Evangelical Lutheran Church in America, The Lutheran Church Missouri Synod, Lutheran Church of the Good Shepherd, Lutheran Episcopal Services in Mississippi, Camp Victor Ministries, any and all partner Churches, facilities or organizations, 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.

SIGNATURE _____

DATE _____

DATES COVERED by THIS LIABILITY FORM _____ to _____

STREET ADDRESS _____

CITY _____ STATE _____ ZIP _____