

# GRAND RAPIDS AREA SERVICE PROJECT, INC.

## STATEMENT OF ACTIVITIES AND RELEASE

*This form must be sent to GRASP two weeks prior to your mission trip.*

The Grand Rapids Area Service Project is a home repair ministry. Volunteers participating in the activities of the Grand Rapids Area Service Project will be expected to be involved in specific home repair and home building activities including, but not limited to: roofing, carpentry, sheetrocking (or drywalling), digging and building steps, plumbing, glasswork, insulating, painting, flooring, masonry, electrical wiring and other facets of home repair, remodeling and renovation. These activities include, but are not limited to: the use of power tools such as saws and drills as well as the use of hand tools. The foregoing activities will also require climbing with and without supplies, tools and materials as well as working in high places such as atop roofs, and other facets of construction work.

**NOTE: Volunteers are not required to engage in any work in which they feel they are not able to safely participate.**

The foregoing statement of activities and the Grand Rapids Area Service Project information has been read and the extent and nature of the activities which will be participated in are understood and the Grand Rapids Area Service Project, its agents, employees and any and all persons connected therewith are hereby released and discharged from any and all liability, claims and causes of action of any type whatsoever arising out of or in any way connected with participation in the activities of the Grand Rapids Area Service Project.

Further, consent/permission is given for treatment by competent medical personnel as a result of any accident or medical emergency while involved in the activities of the Grand Rapids Area Service Project. I understand that the Grand Rapids Area Service Project does not carry accident or medical insurance on the participating volunteers. I agree that my insurance company will be used for such medical care expenses and I am aware that I may be billed by the medical provider for any medical treatment expenses not covered by my insurance on the participating volunteers. I understand that if I do not have medical insurance coverage that I am responsible for the payment of any medical bills.

\_\_\_\_\_  
Signature (Participant)-I certify that I am 18 years of age or older.

\_\_\_\_\_  
Date of birth

\_\_\_\_\_  
Signatures/Relationship (Parents or Guardians of minor participants)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed Name of Participant

\_\_\_\_\_  
Address of Participant

Please note any *specific* activities in detail in which non-participation is requested on the back of this sheet.

## **GRASP 2009 Registration and Medical Release Form**

This form (with original signatures) must be sent to GRASP two weeks prior to arrival.  
A copy must remain at all times in the vehicle in which you travel.

Name \_\_\_\_\_ Male or Female  
(Last) (First) (Middle Initial) (Circle)

Address \_\_\_\_\_  
(Street)

\_\_\_\_\_  
(City) (State) (Zip code)

Phone No. (\_\_\_\_\_) \_\_\_\_\_ Date of Birth \_\_\_\_\_ T-Shirt size: S M L XL 2XL

E-mail Address (Optional): \_\_\_\_\_

Church Name \_\_\_\_\_

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

This is my first experience with GRASP: \_\_\_Yes \_\_\_No If no, please specify previous years:

### **Emergency Contact Information**

Name \_\_\_\_\_ Daytime Phone ( ) \_\_\_\_\_  
(Parent, Spouse, or Legal Guardian) Evening Phone ( ) \_\_\_\_\_

Address of above \_\_\_\_\_  
(Street) (City) (State) (Zip Code)

Name \_\_\_\_\_ Day Phone ( ) \_\_\_\_\_  
(Parent, Spouse, or Legal Guardian) Evening Phone ( ) \_\_\_\_\_

Address \_\_\_\_\_  
(If different from participant)

Other Relative or Responsible Person:

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

Daytime Phone( ) \_\_\_\_\_ Evening Phone( ) \_\_\_\_\_

Address \_\_\_\_\_  
(Street) (City) (State) (Zip Code)

Medication(s) you **cannot** take: \_\_\_\_\_

Allergies/special health problems or concerns: \_\_\_\_\_

Health Insurance Co. \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_

Address \_\_\_\_\_  
(Street) (City) (State) (Zip Code)

Policy # \_\_\_\_\_ Policy Holder's Identification # \_\_\_\_\_

Doctor's Name \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_

Address \_\_\_\_\_  
(Street) (City) (State) (Zip Code)

In the event of an emergency or non-emergency situation in which medical treatment is required as a result of participation with the Grand Rapids Area Service Project, every reasonable effort will be made to contact the persons listed on the reverse side. If unsuccessful in contacting the persons listed, consent/permission is given for treatment by competent medical personnel.

Further, unless specified otherwise, consent/permission is hereby given to all accompanying adult volunteer leaders on this trip to hospitalize, secure proper treatment for, and to order injection, anesthesia, or surgery (under recommendation of qualified medical personnel). Preference consideration should be given to those adults in attendance with the GRASP group from your church.

I understand that the Grand Rapids Area Service Project does not carry accident or medical insurance on participating volunteers. I agree that my insurance company will be used for such medical care expenses and I am aware that the medical provider for any medical treatment expenses not covered by my insurance may bill me. I understand that if I do not have medical insurance coverage that I am responsible for the payment of any medical bills.

\_\_\_\_\_  
Signature (Participant)- I certify that I am 18 years of age or older.

\_\_\_\_\_  
Date of Birth

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signatures/Relationship (Parents or Guardians of minor participants)

\_\_\_\_\_  
Signature of Minor Participant