

# **ONEBODY VOLUNTEER REGISTRATION**

Fill out completely and mail to **211 W 9th St, Greenville, NC 27834.**

## **VOLUNTEER INFORMATION**

_____		_____	
Full Name		Home Church/Ministry	
_____	<input type="checkbox"/> Male	_____	_____
Date Of Birth	<input type="checkbox"/> Female	Shirt Size	Cell Phone
_____	_____	_____	_____
Home Address	City	State	Zip Code

## **MEDICAL INFORMATION**

\_\_\_\_\_

Please list any known allergies or medical conditions

_____	_____	_____
Insurance Company Name	Policy Holder's Name	Emergency Contact's Name
_____	_____	_____
Member/Policy Number	Policy Holder's Date Of Birth	Emergency Contact's Phone

## **CONSENT TO MEDICAL CARE & TREATMENT**

In the case of an emergency, I hereby authorize OneBody staff members to seek medical treatment for myself if emergency contact cannot be reached.

_____	_____
Signature	Date

## **GET INVOLVED**

- I am interested in:** (check any that apply)
- \_\_\_ Leading a family group\*
  - \_\_\_ Driving students to/from mission sites
  - \_\_\_ Breakfast team
  - \_\_\_ Lunch team
  - \_\_\_ Registration/check-in team
  - \_\_\_ Clean-up team
  - \_\_\_ Prayer Team (Times: \_\_\_\_\_)
  - \_\_\_ Other: \_\_\_\_\_

**\*Family group leaders MUST attend a training session from 3-5pm on August 1, 2010. More info will be provided.**



**RELEASE AND WAIVER OF LIABILITY AGREEMENT**

I, \_\_\_\_\_ (“Participant”), acknowledge that I have voluntarily applied to participate in activities associated with OneBody 2010.

I AM AWARE THAT THESE ACTIVITIES MAY INVOLVE TRANSPORTATION AND SUCH SITUATIONS WHICH MAY OR MAY NOT BE INNATELY DANGEROUS AND I AM VOLUNTARILY PARTICIPATING IN THESE ACTIVITIES WITH THE KNOWLEDGE OF ANY DANGERS INVOLVED, AND AGREE TO ASSUME ANY AND ALL RISKS OF BODILY INJURY, DEATH, OR PROPERTY DAMAGE, WHETHER THOSE RISKS ARE KNOWN OR UNKNOWN.

**I verify this statement by placing my initials here:** \_\_\_\_\_

**Parent or Guardian initials (if under 18):** \_\_\_\_\_

As consideration for being permitted to participate in projects associated with OneBody 2010, I forever release OneBody 2010 including respective directors, officers, employees, volunteers, agents, contractors and representatives from any and all actions, claims, or demands that I, my assignees, heirs, or next of kin may have now or in the future , for injury, death, or property damage, related to my participation in these activities, the negligence or other acts, whether directly connected to these activities or not or the condition of the premises where these activities occur, whether or not I am participating in the activities. I also agree that I, my assignees, heirs, or next of kin and legal representatives will not make a claim against, sue, or attach the property of any Releasee in connection with any of the matters covered by the foregoing release.

I HAVE CAREFULLY READ THIS AGREEMENT AND FULLY UNDERSTAND ITS CONTENTS. I AM AWARE THAT THIS IS A RELEASE OF LIABILITY BETWEEN MYSELF AND ONEBODY 2010 AND SIGN IT OF MY OWN FREE WILL.

\_\_\_\_\_

\_\_\_\_\_

**PARTICIPANT/RELEASOR**

**PARENT/GUARDIAN**

**IF YOU ARE UNDER 18 YEARS OF AGE, YOU AND YOUR PARENT MUST SIGN AND INITIAL THIS FORM WHERE INDICATED.**