Salt 'n Light Youth Ministry, Inc. & Camp Hill United Methodist Church Liability Release Form for Harrisburg Mission Week

Please read the following before signing, as this constitutes the agreement as a volunteer and the understanding of your working relationship with Salt 'n Light Youth Ministry, Inc. & Camp Hill United Methodist Church during the Harrisburg Mission Week.

- I understand that this work entails a risk of physical injury and may involve hard physical labor, heavy lifting and other strenuous activity. Some of these activities may take place on ladders and building framing above ground level. I also understand that it is my responsibility as a volunteer to notify my team leader if I am asked to perform a task with which I am uncomfortable. 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 assume all risk and responsibility for any damage or injury to my property or any personal injury that I may sustain while involved in this project, as well as related medical costs and expenses.
- I give permission for the team leader to administer first aid and authorize medical treatment on my behalf.
- I understand that photographs may be taken while I participate in the Harrisburg Mission Week, and I give
 - permission for these photos to be used by participating churches and ministries.
- I understand that Salt 'n Light Youth Ministry, Inc. and Camp Hill United Methodist Church are not responsible or liable for my personal effects/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 myself, my estate and my heirs, I release, discharge, indemnify and forever hold

Salt 'n Light Youth Ministry, Inc. and / or Camp Hill United Methodist Church together with the

to administer any needed medical care to my child. I will release and fill out the necessary medical

Signature of Parent/Guardian: ______ Date: _____

information needed for this event if it has not been done.