

Salt 'n Light Youth Ministry, Inc.

Liability Release Form for South Carolina 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. during the South Carolina 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, unless otherwise clearly noted on my medical form.
- 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 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. is 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. together with the officers, agents, servants and employees, harmless from any and all causes of action rising from my participation in this project and travel and lodging associated therewith, including damages which may be caused by their negligence.

Signature _____ **Date:** _____

If under 18 years old, Parent Signature is required here: _____

I, _____ give permission for my child, _____ to attend the South Carolina Mission Week, from June 18-23, 2017. I understand my child may be using tools and mechanical equipment and I understand the risks of using such equipment. I understand my child will fully commit to serving during the entire mission to the best of their abilities.

In the event that I cannot be reached in an emergency, I am hereby authorizing Salt 'n Light Youth Ministry, Inc., leadership team of the South Carolina Mission Week (including your Youth Group Leader) to administer any needed medical care to my child. I will release and fill out the necessary medical information needed for this event if it has not been done.

Signature of Parent/Guardian: _____ **Date:** _____