



North Carolina Baptist Men
P. O. Box 1107
Cary, NC 27512 - 1107
(800) 395 - 5102 Fax (919) 460-6329

ADULT 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 the N. C. Baptist Men.

As a volunteer with N.C. Baptist Men projects, I confirm that I am not going as a duly elected representative of my local Baptist church, Baptist Association, Baptist State Convention of N.C. or N. C. Baptist Men, nor as an employee of the Baptist State Convention of N.C. or N. C. Baptist Men.

Please Print: I, [Name], acknowledge and state the following: I have chosen to perform [missions projects] resulting from [needs in the Cleveland County area]. I understand that this work is hazardous and entails risk of physical injury and often involves hard physical labor, heavy lifting, strenuous activity, long work hours, use of ladders, construction on roofs or other raised surfaces, screws, nails, broken glass, electrical hazards, falls, unloading supplies, accidents while traveling, cuts, bruises, burns, falling debris, falling trees/limbs, and other hazards foreseeable and unforeseeable that are associated with this type of activity. I recognize and acknowledge potential accidents at the disaster site, involving motor vehicles, in or about the living, sleeping and eating areas, or during activities of the disaster relief team; am fully aware of possible injuries to members of the disaster relief team, including myself. I understand these dangers and 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 "grass roots" activity to support individuals adversely affected. 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, and related medical costs and expenses. I also understand that each individual will have the responsibility of providing his or her own health and accident insurance in the event of any illness or injury experienced during this volunteer mission.

In the event that the N. C. Baptist Men arranges accommodations, I understand that they are not responsible for my personal effects and 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.

Parents are responsible for children that are minors and the church group leader is responsible for youth under age 18. This waiver, release and indemnity agreement is fully understood by me and I enter the same willingly for the purposes herein above stated. I understand that this form will remain in effect for this project and all future projects unless myself or a representative of the N. C. Baptist Men give notice.

By my signature, for myself, my estate and my heirs, I release, discharge, indemnify and forever hold the local Baptist Church, my Baptist Association, Baptist State Convention of N. C and/or the N. C. Baptist Men 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 \_\_\_\_\_

Church \_\_\_\_\_

Address \_\_\_\_\_

Association \_\_\_\_\_

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

Person to Contact in Case of Emergency \_\_\_\_\_

( ) \_\_\_\_\_ Cell Phone

( ) \_\_\_\_\_

Email \_\_\_\_\_

Witness \_\_\_\_\_

Date \_\_\_\_\_



PLEASE PRINT
North Carolina Baptist Men





PLEASE PRINT

NORTH CAROLINA BAPTIST DISASTER RELIEF  
GENERAL MEDICAL INFORMATION

(To be filled out by applicant)

Name: \_\_\_\_\_ Birthday: \_\_\_\_\_ Age: \_\_\_\_\_ Sex \_\_\_\_\_  
Last First Middle Initial

Address: \_\_\_\_\_ City: \_\_\_\_\_ State \_\_\_\_\_ Zip: \_\_\_\_\_

Home phone: ( ) \_\_\_\_\_ CELL phone: ( ) \_\_\_\_\_ Email: \_\_\_\_\_

Marital Status: \_\_\_\_\_ Weight: \_\_\_\_\_ Height: \_\_\_\_\_

Emergency Contact Person: \_\_\_\_\_ Telephone: ( ) \_\_\_\_\_

**MEDICAL STATEMENT**

(All information requested below must be filled out before participant can take part in the disaster relief program.)

**Medical History:**

a. General Health: \_\_\_\_\_

b. Limitations: \_\_\_\_\_

c. Any history of the following: trick knee \_\_\_\_\_ weak ankles \_\_\_\_\_ bad back \_\_\_\_\_ other \_\_\_\_\_

d. Are you subject to: diabetes \_\_\_\_\_ epilepsy \_\_\_\_\_ heart disease \_\_\_\_\_ hypertension \_\_\_\_\_ other \_\_\_\_\_

e. Appendix removed? \_\_\_\_\_ f. Tetanus shot updated? \_\_\_\_\_

g. Medicines taken: \_\_\_\_\_ Reason: \_\_\_\_\_

Reason: \_\_\_\_\_

Reason: \_\_\_\_\_

h. Allergies(food, drugs, other): \_\_\_\_\_

Medications used to treat allergies: \_\_\_\_\_

i. Medical treatment received in the past year: \_\_\_\_\_

j. Have you had or been exposed to any contagious disease in the past six months? \_\_\_\_\_. If so, what? \_\_\_\_\_

Physician's Name: \_\_\_\_\_ Office Phone: ( ) \_\_\_\_\_

Address \_\_\_\_\_ City: \_\_\_\_\_ Zip \_\_\_\_\_

**CONSENT**

Circle one

I hereby give permission for my Self / Child (if over 18 years of age) to receive emergency medical attention from a physician in the event of illness or injury.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

**INSURANCE**

Insurance issued in the name of: \_\_\_\_\_

Address of insured: \_\_\_\_\_

Name of insurance company: \_\_\_\_\_

Address of insurance company: \_\_\_\_\_

Policy number: \_\_\_\_\_

You must bring this with you filled out. Please leave it with the contact person when you check in. Be sure to also sign in the volunteer register when you check in. Thanks.



## Waiver of Liability for COVID-19

The novel coronavirus, COVID-19, has been declared a worldwide pandemic by the World Health Organization. COVID-19 is reported to be extremely contagious. The state of medical knowledge is evolving, but the virus is believed to spread from person-to-person contact and/or by contact with contaminated surfaces and objects, and in the air. People reportedly can be infected and show no symptoms and therefore spread the disease. The exact methods of spread and contraction are unknown, and there is no known treatment, cure, or vaccine for COVID-19. Evidence has shown that COVID-19 can cause serious and potentially life threatening illness and even death. NCBM cannot prevent you, or others, from becoming exposed to, contracting, or spreading COVID-19 while utilizing NCBM ministry sites or premises. It is not possible to prevent against the presence of the disease. Therefore, if you choose to utilize NCBM's services and/or enter NCBM operated facilities, you may be exposing yourself to and/or increasing your risk of contracting or spreading COVID-19.

ASSUMPTION OF RISK: I have read and understood the above warning concerning COVID-19. I hereby choose to accept the risk of contracting COVID-19 for myself in order to utilize NCBM's services and enter NCBM's premises. These services are of such value to me that I accept the risk of being exposed to, contracting, and/or spreading COVID-19 in order to utilize NCBM's services and premises.

WAIVER OF LAWSUIT/LIABILITY: I hereby forever release and waive my right to bring suit against NCBM and its owners, officers, directors, managers, officials, trustees, agents, employees, or other representatives in connection with exposure, infection, and/or spread of COVID-19 related to utilizing NCBM's services and premises. I understand that this waiver means I give up my right to bring any claims including for personal injuries, death, disease or property losses, or any other loss, including but not limited to claims of negligence and give up any claim I may have to seek damages, whether known or unknown, foreseen or unforeseen.

CHOICE OF LAW: I understand and agree that the law of the State of North Carolina will apply to this contract. I HAVE CAREFULLY READ AND FULLY UNDERSTAND ALL PROVISIONS OF THIS RELEASE, AND FREELY AND KNOWINGLY ASSUME THE RISK AND WAIVE MY RIGHTS CONCERNING LIABILITY AS DESCRIBED ABOVE:

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Name (printed): \_\_\_\_\_

<https://www.bclplaw.com/images/content/1/8/v4/187420/US-Covid-19-Form-Liability-Waiver-for-COVID-19.pdf>