



## 2022 Volunteer Medical Form & Waivers

Volunteer's name: \_\_\_\_\_ Event: \_\_\_\_\_  
 Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ Event start date: \_\_\_\_/\_\_\_\_/\_\_\_\_  
 Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_ Zip: \_\_\_\_\_

### Medical Information:

Primary Care Physician: \_\_\_\_\_ PCP Phone #: (\_\_\_\_)\_\_\_\_-\_\_\_\_  
 Allergies: \_\_\_\_\_ Causes anaphylaxis? Yes No

Please describe reaction and what is done to manage it? \_\_\_\_\_

History of: Asthma Seizures Severe allergy Diabetes Bleeding/clotting disorder High blood pressure

Last Tetanus Shot? \_\_\_\_/\_\_\_\_/\_\_\_\_

Will you have any medications? Yes No

If yes, list all medications below (add sheet if needed). All medication must be in its original container, labeled with your name, and given to the medic at check-in. *\*Please note herbal remedies, vitamins, and oils cannot be administered by the camp or counselors*

Name of Medication	Dosage	Time to be Administered	Special Instructions
<i>ex 1: Clarinex tablet ex 2: Zyrtec syrup</i>	<i>5mg 1 teaspoon</i>	<i>Breakfast As needed</i>	

Other medical information that will help us best serve you? \_\_\_\_\_

### Emergency Contacts:

Name: \_\_\_\_\_ Name: \_\_\_\_\_  
 Relationship: \_\_\_\_\_ Relationship: \_\_\_\_\_  
 Number: C H W (\_\_\_\_)\_\_\_\_-\_\_\_\_ Number: C H W (\_\_\_\_)\_\_\_\_-\_\_\_\_  
 Number: C H W (\_\_\_\_)\_\_\_\_-\_\_\_\_ Number: C H W (\_\_\_\_)\_\_\_\_-\_\_\_\_

### Insurance Information:

Are you covered by family medical/hospital insurance? Yes No  
 Policy holder's name: \_\_\_\_\_ Employer's name: \_\_\_\_\_  
 Relationship: \_\_\_\_\_ Insurance provider: \_\_\_\_\_  
 Group #: \_\_\_\_\_ Policy #: \_\_\_\_\_

**Be sure to complete pages 1-4...**

Please print and complete all 4 pages of this form; and return it to your campsite.

**All volunteers must sign the release below. Volunteers under the age of 18:** In order to serve, all volunteers under the age of 18 must have a parent or legal guardian sign the releases below.

**VOLUNTEER AGREEMENT AND CONSENT TO  
DRUG AND/OR ALCOHOL TESTING**

I hereby agree, upon a request made by Impact 2818 Management Staff, to submit to a drug or alcohol test and to furnish a sample of my urine, breath, and/or blood for analysis. I understand and agree that if I at any time refuse to submit to a drug or alcohol test, or if I otherwise fail to cooperate with the testing procedures, I will be subject to immediate termination. I further authorize and give full permission to have Impact 2818 send the specimen or specimens so collected to a laboratory for a screening test for the presence of any prohibited substances, and for the laboratory or other testing facility to release any and all documentation relating to such test to Impact 2818 and/or to any governmental entity involved in a legal proceeding or investigation connected with the test. Finally, I authorize Impact 2818 to disclose any documentation relating to such test to any governmental entity involved in a legal proceeding or investigation connected with the test.

I understand that only authorized Impact 2818 employees and agents will have access to information furnished or obtained in connection with the test; that they will maintain and protect the confidentiality of such information to the greatest extent possible; and that they will share such information only to the extent necessary to make employment decisions and to respond to inquiries or notices from government entities.

I will hold harmless Impact 2818 and any testing laboratory Impact 2818 might use, meaning that I will not sue or hold responsible such parties for any alleged harm to me that might result from such testing, including loss of employment or any other kind of adverse job action that might arise as a result of the drug or alcohol test, even if an Impact 2818 or laboratory representative makes an error in the administration or analysis of the test or the reporting of the results. I will further hold harmless Impact 2818 and any testing laboratory Impact 2818 might use for any alleged harm to me that might result from the release or use of information or documentation relating to the drug or alcohol test, as long as the release or use of the information is within the scope of this policy and the procedures as explained in the paragraph above.

This policy and authorization have been explained to me in a language I understand, and I have been told that if I have any questions about the test or the policy, they will be answered.

**I UNDERSTAND THAT THE COMPANY MAY REQUEST A DRUG SCREEN AND/OR ALCOHOL TEST AT ANYTIME, FOR SUSPICION OF USE OR RANDOM TESTING, AND I AGREE TO SUBMIT TO ANY SUCH TEST.**

\_\_\_\_\_  
Signature of Volunteer/parent  
(If a minor, parent's signature is required)

\_\_\_\_\_  
Volunteer Name - Printed

Date \_\_\_\_\_

**MEDICAL, PHOTO/VIDEO WAIVER**

In the event of my/my child's involvement in an emergency while at camp, I understand that every effort will be made to contact me. I hereby give permission for myself/my child to be treated by a physician selected by the camp and/or to receive general pain medication or over the counter allergy medication at the discretion of the first aid staff. I understand that failing to disclose some medical conditions may result in an inability of the camps to serve myself/my child. I understand that in order to best care for myself/my child, Impact 2818 reserves the right to decline attendance for myself/my child if the Camp Manager believes the camp is not able to provide quality care for myself/my camper regarding disclosed or undisclosed medical or behavioral needs. Also, I understand that pictures/video may be taken of myself/my child at camp and used for publicity purposes by Impact 2818.

Volunteer signature: \_\_\_\_\_ Volunteer printed name: \_\_\_\_\_

Parent/guardian signature: \_\_\_\_\_ Phone number: C H W (\_\_\_\_\_)\_\_\_\_\_-\_\_\_\_\_ Pg. 2

## ***Release of Liability, Waiver, Indemnification, Consent to Medical Attention, and Certification***

In exchange for good and valuable consideration, including but not limited to the Indiana Annual Conference of the United Methodist Church (“INUMC”) permitting me to participate in the following described activity: Impact 2818 camp or retreat programs, (the “Activity”), I, and if I am not yet 18 years old, my parent or legal guardian (individually and collectively referred to below in the first person singular), agree to be bound by each of the following:

**REPRESENTATIONS AND ACKNOWLEDGEMENT OF RISKS.** I acknowledge and agree that (i) Notwithstanding the efforts of INUMC with respect to my safety, my participation in the Activity may cause or result in injury to my person and/or my property, and I, nevertheless, desire to participate in the Activity; (ii) I understand that the potential dangers, hazards and risks of the Activity include, but are not limited to, exposure to new environments, unpredictable weather conditions, inadequate or unavailable medical facilities or treatment, cuts, muscle sprains, ligament tears, bone breaks, and the possibility of permanent disability or death, **and further may include the risk of exposure to COVID-19 (novel coronavirus);** and (iii) My participation in the Activity is my voluntary act entered into solely for my enjoyment and benefit. There may be other risks of participation in the Activity, some of which may not be known or reasonably foreseeable at this time. I understand that this Release of Liability, Waiver, Indemnification, Consent, and Certification is intended to address all of the risks of any kind associated with my participation in any aspect of the Activity, including, particularly, such risks created by actions, inactions, or negligence on the part of INUMC or its trustees, officers, employees, agents, volunteers, representatives, successors, or assigns (collectively, INUMC’s “Representatives”), including, but not limited to, risks created by the following: (a) the risk of exposure to COVID-19 (novel coronavirus); (b) my physical, emotional, and psychological limitations and/or discomfort; (c) the physical, emotional, and psychological limitations and/or discomfort of others; (d) the use and/or condition of premises on which various aspects of the Activity occur; (e) the lack or inadequacy of policies, rules, or regulations with respect to the Activity; (f) the failure of INUMC or its Representatives to foresee or to protect me from actions, inactions, negligence, recklessness, or intentional or criminal misconduct of other persons; (g) the inadequacy or unavailability of medical facilities, treatment, and/or professionals; or (h) the lack or inadequacy of supervision by INUMC or its Representatives.

**ASSUMPTION OF RISK.** I assume all risks, known and unknown, foreseeable and unforeseeable, in any way connected with my participation in the Activity, **including (but not limited to) risks associated with exposure to COVID-19 (novel coronavirus).** I accept personal responsibility for any liability, injury, loss, or damage in any way connected with my participation in the Activity, **including (but not limited to) risks associated with exposure to COVID-19 (novel coronavirus).**

**RELEASE AND WAIVER.** I release INUMC and its Representatives from any and all liability, and waive any and all claims, for injury, loss, or damage, including attorneys’ fees, in any way connected with my participation in the Activity, even if caused in whole or in part by the negligent acts or omissions or other misconduct of INUMC or any of its Representatives, including (but not limited to) risks associated with exposure to COVID-19 (novel coronavirus) (a “Claim”). This release does not apply to reckless or intentional misconduct of INUMC or any of its Representatives.

**INDEMNIFICATION.** I agree to indemnify and to hold harmless INUMC and its Representatives from any Claim or expense, including reasonable attorneys’ fees for the legal counsel of INUMC’s choice, in any way connected with a Claim. This includes, but is not limited to, the cost of defending any Claim that I, or any member of my family, might make, or that might be made on my behalf, or on behalf of any of my family members, that is released or waived by this instrument.

**BINDING EFFECT.** This instrument shall be binding upon my relatives, personal representatives, members, heirs, beneficiaries, next of kin, or assigns and shall inure to the benefit of INUMC and its Representatives.

**CONSENT TO MEDICAL TREATMENT.** I authorize INUMC and its Representatives to provide to me, through medical personnel of their choice, customary medical assistance, transportation, and emergency medical services should I require such assistance, transportation, or services as a result of injury or damage related to my participation in the Activity. This consent does not impose a duty upon INUMC or its Representatives to provide such assistance, transportation, or services.

**POLICIES, EXPOSURE NOTICE, AND CERTIFICATION.** I agree to abide by any policies and procedures established by INUMC for participation in the Activity, **including (but not limited to) policies and safety measures reflected in the attached Certification, which are intended to mitigate exposure to COVID-19 (novel coronavirus), and to notify INUMC immediately if I learn that I have, or may have been exposed to, or diagnosed with, COVID-19 (novel coronavirus), and I will immediately cease my participation in the Activity upon receiving such information.**

**SEVERABILITY.** If any provision (or portion of any provision) of this instrument is held to be invalid or unenforceable, that provision shall be enforceable in part to the fullest extent permitted by law, and such invalidity or unenforceability shall not otherwise affect any other provision of this instrument.

**APPLICABLE LAW.** Because the Activity is located in the State of Indiana, and in order to provide certainty in the law to be applied to the construction of this instrument, this instrument shall be governed, construed, and enforced in accordance with the law of the State of Indiana.

I hereby give permission for myself/my child to be treated by a physician selected by the camp **and/or to receive general pain medication or over the counter allergy medication at the discretion of the first aid staff.** I represent and warrant that I have listed on the medical form all of myself/my child’s known allergies as well as medications I/my child is taking. **I understand that failing to disclose some medical conditions on the medical form that will follow this registration may result in an inability of the camps to serve my camper/family. I understand that in order to best care for myself/my child, Impact 2818 reserves the right to decline attendance for myself/my child if the Camp Manager believes the camp is not able to provide quality care for myself/my child regarding disclosed or undisclosed medical or behavioral needs. Also, I understand that pictures/video may be taken of myself/my child at camp and used for publicity purposes by Impact 2818.**

**THIS IS A RELEASE OF LIABILITY AND WAIVER. I HAVE READ AND UNDERSTAND ALL PARAGRAPHS OF THIS RELEASE OF LIABILITY, WAIVER, INDEMNIFICATION, CONSENT, AND CERTIFICATION. I UNDERSTAND THAT I AM GIVING UP SUBSTANTIAL RIGHTS BY SIGNING IT. I AM SIGNING THIS RELEASE OF LIABILITY, WAIVER, INDEMNIFICATION, CONSENT, AND CERTIFICATION VOLUNTARILY.**

Volunteer’s Printed Name \_\_\_\_\_

Signature \_\_\_\_\_

Date \_\_\_\_\_

If the person participating in the Activity is not yet 18 years old, one of his/her parents or legal guardians must sign:

**In exchange for my child or ward being allowed to participate in the Activity, and as the parent or legal guardian of the above-named individual, I verify that I fully understand, agree to, and accept all provisions of this Release of Liability, Waiver, Indemnification, Consent, and Certification. I further represent and agree that I am signing on behalf of, and as an agent for, any other individual who may be a parent or guardian of my child or ward, that I am fully authorized to do so, and that by executing this Release of Liability, Waiver, Indemnification, Consent, and Certification, I am binding myself, any other parent or guardian of my child or ward, and my child or ward.**

Printed Name (Parent or Legal Guardian) \_\_\_\_\_

Signature \_\_\_\_\_

Date \_\_\_\_\_

**INUMC / IMPACT 2818 – OUTDOOR MINISTRIES**  
**COVID-19 CERTIFICATION**

Volunteer's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

By signing the Release, Waiver, Indemnification, Consent, and Certification instrument to which this is attached, I certify that I understand and agree with the following:

1. The COVID-19 coronavirus is highly contagious.
2. It may be possible to be exposed to the virus by coming in contact with individuals who are infected and not yet showing symptoms.
3. There are health risks to myself, my child, family, and the broader community which may result from my/my child's participation in the Activity (as defined in the Release, Waiver, Indemnification, Consent, and Certification), and I have decided that the benefits of participation outweigh those risks.
4. It is my responsibility to assess myself/my child for symptoms of COVID-19 over the fourteen (14) day period before they are dropped off at camp. I will not attend/allow my child to attend camp if they meet the CDC criteria for symptoms of COVID-19 as follows:

One or more of the following:

- Cough
- Shortness of breath
- Difficulty breathing

OR at least two (2) or more of the following symptoms:

- Chills
- Shaking with chills
- Muscle pain
- Headache
- Sore throat
- Loss of taste or smell
- Fever of 100.4 or greater

5. If I/my child has been diagnosed with COVID-19 or has symptoms of COVID-19 I will not attend/allow my child to attend INUMC's camp until all the following criteria have been met:
  - a. I/My child has had no fever for three (3) days (without the use of fever-reducing medication);
  - b. I/My child's symptoms have improved; and
  - c. Ten (10) days have passed since COVID-19 symptoms first appeared.
6. I/My child has not come into contact with anyone diagnosed with COVID-19 for the past 14 days.
7. I/My child will not be permitted to participate in the Activity until cleared pursuant to CDC guidelines and that if symptoms begin, the child will be separated from others and it will be my responsibility to make immediate arrangements to transport them home.