

enc

student ministries

CONVERGE

An Event for Middle & High School Students

I AM

*"I am the **light** of the world.
Whoever follows me will not
walk in darkness, but will have
the light of life." John 8:12*

March 1-2, 2019

Friday at 7 p.m. through
Saturday, 3 p.m.

*An overnight retreat at
Camp Dixie, Fayetteville, NC
with service opportunities at
Red Springs Missions Camp*

**Team Competition | Small Groups
BIG ROOM: Worship | Bible Study
with Jason Hudson & Dan Karl**

*All costs covered by ENC Student Ministries.
Saturday breakfast and lunch included.*



Questions? Email

lanajernigan@campdixie.com or
call Lana Jernigan at 910-865-5180



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



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.

I, _____, acknowledge and state the following: I have chosen to perform _____ resulting from _____.

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 property owner, 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

 Address

 City State Zip

 Person to Contact in Case of Emergency

 Witness

() - _____
 Phone

_____ Church Association

() - _____
 Phone

_____ Date revised 1-17-07



NORTH CAROLINA BAPTIST DISASTER RELIEF GENERAL MEDICAL INFORMATION

(To be filled out by applicant)



Name: _____ Birthday: _____ Age: ____ Sex ____
(last) (first) (middle)

Address: _____

City: _____ State _____ Zip: _____

Home phone: (____) _____ Work phone: (____) _____ Email: _____

Marital Status: _____ Weight: _____ Height: _____

Emergency Contact Person: _____ Telephone: (____) _____

Church: _____ Association: _____

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? ____ 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

I hereby give permission for my son / daughter / self (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: _____

PHYSICIAN (optional)

I have examined the applicant and find that he/she is in fit health for participation in Disaster Relief Work.

Physician's Signature: _____ Date _____

Comments: _____

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.