



U.M. ARMY

Liability, Press and Medical Release

- I wish to volunteer my services with U.M. ARMY Youth Mission Program. I acknowledge and agree that the nature of the services to be performed include but are not limited to physical labor, building repairs, yard work, construction, and the use of power tools, other construction tools, ladders, scaffolding, lawn mowers, gardening equipment and tools. I further acknowledge and agree that the services to be performed during the Program are inherently dangerous and pose a substantial risk of injury or death and of damage to or loss of personal property;
- I acknowledge that the risks of participation also include, but are not limited to, the risks of travel; the risks of negligence, gross negligence, willful and wanton misconduct and/or bad judgment by me or other participants, including the clients, coordinators, volunteers, and site inspectors; contact with unidentified and unfamiliar persons; and the risks of failure, misuse and malfunctioning of equipment;
- I hereby represent that I am in good physical condition and health, am capable of safely performing the activities for which I have volunteered and do not pose a risk of harm to myself or other participants;
- I assume, to the greatest extent permitted by law, all of the risks to me, whether or not specifically identified herein, of all the activities in which I participate and the services I use and/or provide;
- I release U.M. ARMY, its directors, officers, employees, trustees, agents, volunteers, coordinators, participants, equipment providers, and Program clients, and covenant not to sue such persons for, any and all liabilities, actions, causes of action, demands, damages (including but not limited to any illness, death, bodily injury, personal injury or property damage) and claims of every kind or nature, either in law or equity, which arise or may hereafter arise out of any activity associated with or my participation in the Program;
- I authorize publication, broadcast or other use of my name, photograph, likeness, image, voice and biography in any and all media, publications, advertising, and publicity arising out of any activity associated with the Program without further compensation and agree that all such materials are the sole property of U.M. ARMY.
- On behalf of myself and my heirs, I indemnify and hold harmless U.M. ARMY, its employees, trustees, volunteers, coordinators, participants, equipment providers, and Program clients from any and all costs, liabilities and claims, of every kind and nature whatsoever, arising directly or indirectly, from my participation in activities or use of services, including any legal costs and expenses and the costs of medical or other expenses incurred for my benefit.
I authorize any of the leaders of U.M. ARMY to obtain any and all necessary medical and/or dental attention and/or treatment for me, including surgical procedure if advised by the attending physician.
I have listed on the registration form (front side), any and all special medical problems concerning myself, and I confirm that I have advised the leaders of U.M. ARMY of any special medical problems.

X _____
Participant's Name (print)
(youth / young adult / adult)

X _____
Participant's Name (signed)

X _____
Parent/Legal Guardian Name (print)
(required for all participants 17 and under)

X _____
Parent/Legal Guardian Name (signed)

MAKE A COPY FOR YOUR RECORDS, THEN RETURN ORIGINAL TO YOUR CHURCH COORDINATOR
CHURCH COORDINATOR: MAIL OR FAX ALL RELEASES TO THE U.M. ARMY OFFICE, OR SCAN AND UPLOAD THEM AT UMARMY.NET

U.M. ARMY, INC

Emergency Medical Authorization

Participant Name: _____

Address: _____

City/State/Zip: _____

DOB: _____

Emergency Phone Number (Must Be Fill): _____

Alternate Phone Number: _____

Address: _____

City/State: _____

Name: _____

I authorize any of the leaders of U.M. ARMY to obtain any and all necessary medical and/or dental attention and/or treatment for my son/daughter _____, including surgical procedure if advised by the attending physician.

Nature of Treatment: Any medical or dental care necessary arising from illness, accident or injury while at UM Army Mission Camp.

Signature of Parent/Guardian _____ Date: _____

Insurance Company Name _____

Policy Holder Name: _____

Policy Holder DOB _____ Policy Holder Cell Phone _____

Group Number _____

Insurance Verification Phone Number _____