



STATEMENT OF ACTIVITIES AND RELEASE 2005

Please note:

This completed form must be given to the Center Staff upon your arrival at the Center.

The Appalachia Service Project (ASP) is a home repair, housing rehabilitation, and new home construction ministry. Volunteers participating in the activities of ASP will be expected to be involved in specific home repair and home building activities including, but not limited to: roofing, carpentry, dry walling, digging and building steps, plumbing, glasswork, insulating, painting, flooring, masonry, electrical wiring and other facets of home repair, remodeling and renovation. These activities include, but are not limited to: the use of power tools such as saws and drills, as well as the use of hand tools. The foregoing activities will also require climbing with and without supplies, tools and materials as well as working in high places such as on roofs and other facets of construction work.

Volunteers may, in their free time, engage in non-sponsored activities including, but not limited to: hiking, swimming, basketball, volleyball, baseball, football, Frisbee, or other sports activities of their choosing. Planned evening activities may include, but are not limited to: visiting strip mines, traveling to visit places or people of regional interest.

NOTE:

Volunteers are not required to engage in any work or recreational activity in which they feel they are not able to safely participate.

The Participant and the Guardian grant and convey to ASP all right, title, and interest in any and all photographic images and video or audio recordings made by ASP during the Participant's participation with the Appalachia Service Project.

Consent/permission is given for treatment by competent medical personnel as a result of any accident or medical emergency while involved in the activities of the Appalachia Service Project, Inc. I understand that the Appalachia Service Project, Inc. does not carry accident or medical insurance on participating volunteers. I agree that my insurance company will be used for such medical care expenses and I am aware that I may be billed by the medical provider for any medical treatment expenses not covered by my insurance. I understand that if I do not have medical insurance coverage that I am responsible for the payment of any medical bills.

The foregoing statement of activities and the Appalachia Service Project information and guidelines (specifically ASP's **Expectations, Rules, and Regulations**) have been read and the extent and nature of the activities in which your youth will participate are understood and the Appalachia Service Project, Inc., its agents, employees and any and all persons connected therewith are hereby released and discharged from any and all liability, claims, and causes of action of any type whatsoever arising out of or in any way connected with participation in the activities of the Appalachia Service Project, Inc.

Volunteers aged 18 years or older:

Volunteers under 18 years of age:

Printed name of participant

Printed name of participant

Signature

Date

Signature

Date

Parent/Legal Guardian Signature

Date

Relationship: (circle) Parent or Guardian

Before a volunteer can participate in any of ASP's programs, this form along with the "Registration and Medical Release Form 2005" must be completed and given to the Center Staff upon your arrival.