



Thank you for volunteering with Presbyterian Volunteer Villages. Teams like yours are making a difference across the country as you share the love of Christ by giving of your time and service to help families clean up and rebuild.

Please complete the following information. This provides PDA with a record of your volunteer work and allows us to send you a letter or certificate acknowledging your volunteer service. We would also like to send Mission Mosaic, a semi-annual update (in magazine format) of how Presbyterians are responding to disasters around the world. This form also includes required release information and **must be completed before your participation in the village begins.**

*Please legibly PRINT the following information:*

Check one:  Mr.  Mrs.  Ms.  Rev. Other \_\_\_\_\_

Your full first and last name \_\_\_\_\_

Is there a name you prefer to be called for a certificate? \_\_\_\_\_

Email address \_\_\_\_\_

Would you like to receive PDA Rapid Information Network (PDA-RIN) email updates on disaster responses? We encourage you to share the information with your congregation. Yes  No

Phone numbers (please specify if home/office/cell) \_\_\_\_\_

Who is your Team Leader on this volunteer mission \_\_\_\_\_  
*(person who organized the trip and contacted PDA)*

What group are you volunteering with? *(the church, presbytery, or organization your team is part of)*

Organization/Church Name \_\_\_\_\_

Street Address \_\_\_\_\_

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

Phone# \_\_\_\_\_

Which village are you assigned to \_\_\_\_\_

Arrival Date in the village \_\_\_\_\_ Departure Date \_\_\_\_\_

Have you been to a Presbyterian Volunteer Village before? If yes, when and where?

*Please continue to the next page for required release information and signatures.*

**GENERAL RELEASE, INDEMNIFICATION AGREEMENT AND  
AUTHORIZATION FOR MEDICAL TREATMENT**

Participant name: \_\_\_\_\_ (“Participant”)

DOB: \_\_\_\_\_

Home Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Telephone: (Cell) \_\_\_\_\_ (Day/Evening) \_\_\_\_\_

In consideration of the opportunity provided to me to participate in the PDA Disaster Response and any services, housing, food, and the like provided by PCUSA (as defined below), I, Participant, hereby understand and agree that the Presbyterian Church (U.S.A.) General Assembly, all synods, presbyteries, and local churches and their corporations and related entities, their staff, volunteers, directors, officers, agents, elders, deacons, representatives, successors, assigns and entities (hereinafter collectively referred to as "PCUSA") will not be responsible in any way whatsoever for loss, damage, or injury of any kind or in any manner resulting from or in connection with my participation in **PDA Disaster Response**.

I, Participant, understand and agree that PCUSA does not and cannot guarantee my safety in connection with the PDA Disaster Response. Further, I understand and agree the activities involved with the PDA Disaster Response may include but are not limited to the following: difficult living conditions, risks concerning means of travel, food, water, diseases, pests, poor sanitation, and other health related situations, including potential injury while working. I accept and assume all responsibility for all risks which may occur during, in connection with, or result from my participation in the PDA Disaster Response including, but not limited to, potential injury while working.

**RELEASE:** With the above in mind and by my signature below, I fully understand, agree and hereby voluntarily release and forever discharge PCUSA. PCUSA shall not be responsible or liable in any way for any accident, loss, death, injury or damage to myself or my property, in connection with my participation in the PDA Disaster Response or any portion of the PDA Disaster Response even if said injury or action is due to the alleged negligence of PCUSA. Further, I do hereby agree to indemnify and hold PCUSA harmless against any and all liabilities, damages, claims, actions or rights of action, suits, judgments and associated costs and expenses (including, without limitation, attorneys' fees) of whatsoever kind in connection with my participation in the PDA Disaster Response or any portion of the PDA Disaster Response. Further, I make this agreement on behalf of my heirs, agents, fiduciaries, successors and assigns. I waive, knowingly and voluntarily, each and every claim or right of action I have now or may have in the future against the PCUSA related to my participation in the PDA Disaster Response, even if any such claim or right of action is caused by PCUSA's alleged negligence. This document does not release PCUSA from gross negligence.

**MEDICAL COVERAGE:** I understand and acknowledge that **no medical or other insurance or health care benefits will be provided to me by PCUSA** during my participation in the PDA Disaster Response, and I certify that I have sufficient health, accident and liability insurance or other benefits to cover any bodily injury or property damage I may incur while participation in the PDA Disaster Response and to cover bodily injury or property damage caused to a third party as a result of my participation in the PDA Disaster Response, as follows:

Company \_\_\_\_\_ Policy # \_\_\_\_\_  
Address \_\_\_\_\_

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**MEDICAL RELEASE:** I hereby state that I am in good health and have all medications necessary to treat any allergic or chronic conditions, and I am able to administer such medications without assistance. If at any time during my participation in the PDA Disaster Response I need emergency medical care and am not able to give consent because of my physical or mental condition, I authorize PCUSA to make emergency medical care decisions on my behalf, and I specifically release PCUSA, in making those emergency medical care decisions, from any and all liability associated with said decisions, even if injury or death is the result of PCUSA's alleged negligence.

Person to be notified in case of injury:

Name \_\_\_\_\_

Telephone: \_\_\_\_\_ (evening) \_\_\_\_\_ (daytime)

Cell Phone: \_\_\_\_\_

**ALL PARTICIPANTS MUST SIGN:**

**My signature below indicates that I have read this entire two page document, understand it completely, and agree to be bound by its terms.**

SIGNATURE OF PARTICIPANT: \_\_\_\_\_

DATE EXECUTED: \_\_\_\_\_

**SIGNATURES MUST BE WITNESSED:**

SIGNATURE OF WITNESS: \_\_\_\_\_

DATE EXECUTED: \_\_\_\_\_

(SIGNATURE OF PARENT OR LEGAL GUARDIAN IS ALSO REQUIRED IF PARTICIPANT IS UNDER 18 YEARS OF AGE.)

SIGNATURE OF PARENT/LEGAL GUARDIAN (if applicable) \_\_\_\_\_

SIGNATURE OF WITNESS: \_\_\_\_\_

DATE EXECUTED: \_\_\_\_\_