



1855 S. County Farm Road, Warsaw, IN 46580
WCC Disaster Relief Committee Leader: Andrea Payton (574) 268-0188

Disaster Relief Location: Indiana

Date of Activities: Calendar Year 2026

PARTICIPANT INFORMATION (to be completed by participant or authorized guardian)

Last Name: First Name: Middle Name:

Name of Parents/Guardians (if applicable):

Address: City: Zip:

Phone: Email:

Emergency Contact: Relationship:

Emergency Contact Phone: Alt. Contact Phone:

Date of Birth: Allergies:

Medical Conditions:

Current Medications:

Is WCC (or its agent) authorized to approve medical treatment? Yes No

Is Participant covered by personal/family medical insurance? Yes No

If yes, name of insurer:

Policy or group number:

Special Talent or Skills:

Prior Mission or Work Trip Experience:

PARTICIPANT AGREEMENT

Please review, date and sign this participant agreement prior to undertaking your activities as a disaster relief volunteer worker. If you have any questions, you should consult your attorney.

I agree to volunteer my time and efforts to assist in disaster relief clean up and assistance efforts at the above location during the stated period. I undertake these disaster relief efforts voluntarily and will always conduct myself in a reasonable manner and remain personally responsible for my actions. I understand and agree that a background check will be required, at the expense of Warsaw Community Church.

I acknowledge that participation in the activity described above involves risk to the participant (and to the participant's parents or guardians, if the participant is a minor), and may result in various types of injury including, but not limited to, the

following: sickness, exposure to infectious/communicable disease, bodily injury, death, emotional injury, personal injury, property damage, and financial damage.

In consideration for the opportunity to participate in the activity described above (the "activity"), the participant (or parent/guardian if the participant is a minor) acknowledges and accepts the risks of injury associated with participation in and transportation to and from the activity. The participant (or parent/guardian) accepts personal financial responsibility for any injury or other loss sustained during the activity or during transportation to and from the activity, as well as for any medical treatment rendered to the participant that is authorized by Warsaw Community Church (WCC) or its agents, employees, volunteers, or any other representatives (collectively referred to as the "activity sponsor").

Further, the participant (or parent/guardian) releases and promises to indemnify (to the fullest extent allowed by law), defend, and hold harmless the (i) activity sponsor, (ii) WCC Elders and Officers, (iii) the owners of the property where the participant is providing volunteer services, and (iii) the organization providing accommodations to the participant for any injury arising directly or indirectly out of the described activity or transportation to and from the activity, whether such injury arises out of the negligence of the activity sponsor, the participant, or otherwise.

The participant (or parent/guardian) acknowledges that he or she has no physical or health problems that will affect his or her ability to undertake the activities. The participant (or parent/guardian) further acknowledges that he or she is individually responsible for obtaining all necessary vaccinations recommended by the applicable health department for undertaking these recovery activities, and that it may be advisable to consult his or her physician prior to undertaking these activities.

The participant (or parent/guardian) grants permission to WCC to use any photographs, videos or any other record of the participants activities for any purpose. The participant (or parent/guardian) is not an employee of WCC and is not entitled to any benefits of employment.

If a dispute over this agreement or any claim for damages arises, the participant (or parent/guardian) agrees to resolve the matter through a mutually acceptable alternative dispute resolution process. If the participant (or parent/guardian) and the activity sponsor cannot agree upon such a process, the dispute will be submitted to a three-member arbitration panel for resolution in accordance with the rules of the American Arbitration Association.

I have read, understand and agree with all the above provisions of this Participant Agreement.

Date: \_\_\_\_\_

\_\_\_\_\_  
Signature/Signature of Parent or Guardian (if under 18)

\_\_\_\_\_  
Signature of Volunteer

\_\_\_\_\_  
Print Name of Volunteer

\_\_\_\_\_  
Address

\_\_\_\_\_  
City State Zip Phone w/ Area Code

Student Service Info \_\_\_\_\_  
Age Male/Female E-Mail Address

**Please send completed form to Andrea Payton (apayton@warsaw.cc)**