



UNDERGROUND SERVICE PROJECT 2009

may 8 - may 9

Join us for Reach, Underground's annual service project. We will be getting hands on experience in a service project in our community. Join us as we learn about compassion and as we bring the love of Jesus to our city.

Arrive: 7PM Friday, May 8th
Pick-Up TBD Saturday, May 9th

SCHEDULE

Friday: We will be discussing the biblical view of compassion and love as well as learning about how poverty and homelessness affects our community.

Saturday: We will get to put into practice what we have learned with a service project in our community.

WHAT TO BRING

Sleeping bag, pillow, change of clothes, toiletries, Bible, and pen

REGISTRATION

Fill out the permission slip attached to this flyer and turn it into the Student Ministries Office. All forms and money must be turned in by May 6th.

Cost: \$15

QUESTIONS?

Contact Nate Glaze at nateg@bridgescc.org or 510-651-2030x232

**For I was hungry, and you fed me. I was thirsty,
and you gave me a drink. I was a stranger, and
you invited me into your home.
Matthew 25:35**



BRIDGES COMMUNITY CHURCH

505 Driscoll Road, Fremont, CA 94539

GENERAL PERMISSION, MEDICAL & LIABILITY FORM

Please **PRINT** Clearly

Event: REACH

Dates: May 8-9, 2009

PERSONAL INFORMATION: Home Tel: _____ Grade: _____ DOB: ____/____/____

Last Name: _____ First Name: _____ Age: _____ Gender: M [] F []

Address: _____ City/State: _____ Zip: _____

Student's Email: _____ Parent's Email: _____

Parent/Guardian Name: _____ Phone: _____ Cell: _____

Emergency Contact (*other than guardian*): _____ Phone: _____

MEDICAL INFORMATION: Insurance Company: _____

Policy #: _____ Insured ID #: _____

Doctor: _____ Phone: _____ Allergies: _____

Prescription Medication: _____

Date of Last Tetanus: _____

LIABILITY WAIVER, RELEASE AND MEDICAL AUTHORIZATION

The undersigned participant (and participant's parent(s)/guardian(s), if applicable) hereby authorizes BRIDGES COMMUNITY CHURCH, Fremont, California ("BRIDGES"), acting through any adult volunteer or leader or other authorized agent, to consent to medical care (including, for example, any x-ray examination, anesthetic, medical or surgical diagnosis or treatment, and dental diagnosis or treatment) and/or hospital care to be rendered to the participant by or under the supervision of a physician and surgeon or dentist licensed under applicable law. This authorization is given pursuant to California Civil Code section 25.8 and shall remain in effect until revoked in writing by participant or participant's parent or guardian, as the case may be. BRIDGES and its volunteers, employees and agents are authorized to release medical information provided to them by participant (or participant's parent(s)/guardian(s) if applicable) to medical providers and emergency personnel in connection with any medical treatment provided to, or medical evaluation of, participant. By signing this, I agree to pay all incurred charges for dental, medical, or hospital care or treatment.

Participant (and participant's parent(s)/guardian(s), if applicable) hereby releases and forever discharges and agrees to hold harmless BRIDGES and its elders, trustees, employees, volunteers and agents from any and all liability, claims and demands of whatever kind or nature, either in law or in equity, that may arise from participant's activities in connection with the event. Participant (and participant's parent(s)/guardian(s), if applicable) understands and acknowledges that this Release discharges BRIDGES and such persons from any liability or claim against BRIDGES or such persons with respect to bodily injury, personal injury, illness, death, or property damage that may result from the participation of participant in the event. BRIDGES does not assume any obligation to provide financial or other assistance to participant (or participant's parent(s)/guardian(s), if applicable), including but not limited to medical, health or disability insurance, in the event of injury, illness, death or property damage.

Participant (and participant's parent(s)/guardian(s), if applicable) understands that this Release applies to, covers and includes unknown, unforeseen, unanticipated and unsuspected damages, losses or liability and the consequences thereof, that result from the activities of this event as well as those now known to exist.

Participant Signature: _____ Date: ____/____/____

Parent (with custody of Participant) or Guardian Signature: _____ Date: ____/____/____

PARENT OR GUARDIAN SIGNATURE (*if Participant is under 18 years of age*)_

The information required is very important, and will be used in cases of medical emergencies or other circumstances where contact information is necessary. Please make sure your information is correct and current. Our student ministries staff and volunteers make safety and your student's experience a priority.



ACCIDENT WAIVER AND RELEASE OF LIABILITY FORM

Name of the Activity , Event or Service: _____ **Date of Activity or Event:** _____

I HEREBY ASSUME ALL OF THE RISKS OF PARTICIPATING AND/OR VOLUNTEERING IN THIS ACTIVITY OR EVENT, including by way of example and not limitation, any risks that may arise from negligence or carelessness on the part of the persons or entities being released, from dangerous or defective equipment or property owned, maintained, or controlled by them, or because of their possible liability without fault.

I certify that I am physically fit, have sufficiently prepared or trained for participation in the activity or event, and have not been advised to not participate by a qualified medical professional. I certify that there are no health-related reasons or problems which preclude my participation in this activity or event.

I acknowledge that this Accident Waiver and Release of Liability Form will be used by the event holders, sponsors, and organizers of the activity or event in which I may participate, and that it will govern my actions and responsibilities at said activity or event.

In consideration of my application and permitting me to participate in this event, I hereby take action for myself, my executors, administrators, heirs, next of kin, successors, and assigns as follows:

(A) I WAIVE, RELEASE, AND DISCHARGE from any and all liability, including but not limited to, liability arising from the negligence or fault of the entities or persons released, for my death, disability, personal injury, property damage, property theft, or actions of any kind which may hereafter occur to me including my traveling to and from this event, THE FOLLOWING ENTITIES OR PERSONS: The International Association of Landscape Ecology – US Regional Association (US-IALE) and/or their directors, officers, employees, volunteers, representatives, and agents, the activity or event holders, activity or event sponsors, activity or event volunteers;

(B) I INDEMNIFY, HOLD HARMLESS, AND PROMISE NOT TO SUE the entities or persons mentioned in this paragraph from any and all liabilities or claims made as a result of participation in this activity or event, whether caused by the negligence of release or otherwise.

I acknowledge that the US-IALE and their directors, officers, volunteers, representatives, and agents are NOT responsible for the errors, omissions, acts, or failures to act of any party or entity conducting a specific event or activity on behalf of the US-IALE

I acknowledge that this activity or event may involve a test of a person’s physical and mental limits and may carry with it the potential for death, serious injury, and property loss. The risks may include, but are not limited to, those caused by terrain, facilities, temperature, weather, condition of participants, equipment, vehicular traffic, actions of other people including, but not limited to, participants, volunteers, spectators, coaches, event officials, and event monitors, and/or producers of the event, and lack of hydration. These risks are not only inherent to participants, but are also present for volunteers.

I hereby consent to receive medical treatment which may be deemed advisable in the event of injury, accident, and/or illness during this activity or event.

I understand that at this event or related activities, I may be photographed. I agree to allow my photo, video, or film likeness to be used for any legitimate purpose by the event holders, producers, sponsors, organizers, and assigns. The accident waiver and release of liability shall be construed broadly to provide a release and waiver to the maximum extent permissible under applicable law.

I CERTIFY THAT I HAVE READ THIS DOCUMENT, AND I FULLY UNDERSTAND ITS CONTENT. I AM AWARE THAT THIS IS A RELEASE OF LIABILITY AND A CONTRACT AND I SIGN IT OF MY OWN FREE WILL.

Print Participant’s Name Age Signature (if under 18 years old, Date
Parent or guardian must also sign)

Parents or legal guardian:

Print Participant’s Name Age Signature of Parent or Guardian Date