



STATEMENT OF ACTIVITIES AND RELEASE 2009

Give to center staff on your arrival at the Center. (3/5/08)

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. Occasionally volunteers under the age of 14 may participate in ASP. All volunteers, as well as these volunteers and their parent(s)/legal guardian(s), must have read, be familiar with, and abide by ASP's Safety Manual and Expectations, Rules and Regulations. Under no circumstances may a volunteer under the age of 10 be at any ASP project performing ASP activities.

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

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. in accordance with the Registration and Medical Release Form that must be signed and notarized before any volunteer may participate in ASP's activities. As ASP does not carry accident or medical insurance on 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 and ASP's Safety Manual) have been read and the extent and nature of the activities in which you or your youth will participate are understood. If this Release is for a volunteer under the age of 18, the parent/legal guardian's signature below demonstrates that the parent/legal guardian has read this Release, the ASP guidelines and manuals, and hereby gives his/her consent to allow the volunteer to participate in the activities outlined above and release 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.

Media Release and Waiver
The Volunteer and the Guardian grant and convey to ASP all right, title and interest in any and all photographic images and video or audio records made during the Participant's participation with Appalachia Service Project. The Volunteer and Guardian also hereby grant permission for ASP to use photographs, videos, audio recordings, or to otherwise document Volunteer's participation in ASP programs, solely for the purpose of marketing and/or education. ASP will not identify by name any minors in either print or web-based images.

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 2009" must be completed and given to the Center Staff upon your arrival.