

# MISSION **Antigo**



**Each person** participating in Mission Antigo should fill out this form and return to one of the church offices (Antigo Community Church, Homestead, Peace Lutheran, or Springbrook) by **June 6, 2021**.

Name \_\_\_\_\_ Age \_\_\_\_\_ (must be 16 years or older to participate)

Phone \_\_\_\_\_ Email \_\_\_\_\_

Church you regularly attend (if any) \_\_\_\_\_

A criminal background check may be required of participants 18 and older. Have you already completed a background check with Antigo Community Church, Homestead, Peace, or Springbrook?

Yes  No

## **Schedule for June 11-12 & 18-19, 2021**

7:30-8am Meet at Antigo Community Church parking lot

8am-12pm Kick off various work projects

12-1pm Lunch (gift cards will be given each day)

1-5pm Continue work projects

## **Specific Projects**

June 11 10:30-11:30am Arbor Day tree planting with city-provided lunch to follow

June 12 8am-12pm Springbrook Cleanup

## **Participation (Please all the times you plan to volunteer below)**

Friday, June 11

Saturday, June 12

Friday, June 18

Saturday, June 19

## **Jobs I'm able to do:**

Construction (building, tearing down, etc.)

Exterior Painting

Tree/debris Removal

Landscaping and gardening

Clean gutters

Driving (supply runner)

Photography and Media

Evangelism

Other: \_\_\_\_\_

\_\_\_\_\_

# Activity Participation Agreement

## Activity Information

Name of sponsoring organization: Antigo Community Church

Address: 723 Deleglise Street Antigo, WI 54409 Telephone: 715-627-2805

Description of activity: Mission Antigo

Date(s) and location of activity: June 11-12 & 18-19, 2021/City of Antigo

## Participant Information (To be completed by participant or authorized guardian)

Name of participant: \_\_\_\_\_

Name of parents/guardians: \_\_\_\_\_

Address: \_\_\_\_\_ Telephone: \_\_\_\_\_

Name of emergency contact: \_\_\_\_\_

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

List allergies or medical conditions: \_\_\_\_\_

Is sponsor 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: \_\_\_\_\_

I acknowledge that participation in the activity described above involves risk to the Participant (and to Participant's parents or guardians, if Participant is a minor), and may result in various types of injury including, but not limited to, the following: sickness, 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 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 the Antigo Community Church or its agents, employees, volunteers, or any other representatives (collectively referred to hereinafter as the "Activity Sponsor").

Further, the Participant (or parent/guardian) releases and promises to indemnify, defend, and hold harmless the Activity Sponsor 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.

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 pursuant to the rules of the American Arbitration Association.

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

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

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

*(Participant and / or ALL parent / guardians if participant is a minor)*