

SERVE 6.8 is a partnership of churches who follow the teachings of Jesus Christ. We respect everyone's personal beliefs and wish to provide space for people to encounter Jesus if they so choose. We therefore ask, that whatever your personal beliefs, you respect the beliefs and the mission of the churches who make this space possible.

Initial to show that you have read and agree to uphold the above statement: _____

SERVE 6.8 is a ministry of volunteer outreach to families and individuals in Northern Colorado. Volunteers participating in SERVE 6.8 outreach projects may participate in specific construction, disaster relief, and moving activities including, but not limited to, demolition, roofing, carpentry, digging, plumbing, glasswork, painting, flooring, masonry, and other facets of construction. These activities may include, but are not limited to, the use of power tools such as saws and drills, as well as the use of hand tools and equipment such as forklifts, skid steers, chain saws, and front-end loaders. The activities may also require climbing with and without supplies, tools and materials, as well as working in high places such as roofs and other facets of construction work. Participants may also be involved in food preparation and service.

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

I, _____, have read the foregoing statement of activities in which I will participate and hereby release and discharge SERVE 6.8, its directors, and persons connected to therewith from any and all liability, claims and causes, or actions of any types whatsoever arising out of or in any way connected with my participation in the activities of SERVE 6.8. I also agree that SERVE 6.8 may use any pictures or videos that include me taken at this activity for promotional pieces.

I understand that I am NOT insured by Worker's Compensation Insurance. I understand and agree that I am covered by an Accident Medical Insurance Policy, only as a secondary or excess insurance policy that only insures me to the extent I am not otherwise insured by Medicaid, Medicare, or any group or individual insurance policies. I understand and agree that said secondary insurance provided by said Accident Medical Insurance Policy is subject to the limitations of coverage in that policy, that is reported within 30 days of the date an injury is incurred. I understand and agree that said secondary insurance policy is available for my review in the Human Resources Department. I understand and agree that if I choose to transport any individual in any private vehicle, that I must maintain current automobile liability insurance coverage on said vehicle, in accordance with statutory requirements. SERVE 6.8 will not provide any automobile liability insurance coverage for said purpose or said vehicle or be responsible for any liability or claim arising there from.

This is the _____ day of _____, 20____.

Participant Signature (over age 18) _____

Email _____ Phone Number _____

Name of participants under 18 (Under 16 must have a parent or guardian present to serve) _____

Parent name printed (for participants under age 18) _____

Parent Signature: _____

Emergency Contact _____ Phone Number _____