## **TEAMeffort**

Permission Slip &	CAMP LOCATION
Release of Liability	CAMP DATE
CHURCH NAME	
CHURCH ADDRESS	
CITY	STATE ZIP
I am aware that I am voluntarily participat not limited to, the construction of homes, loading transporting to and from building sites, and other volved. I hereby agree to accept any and all risk opelow.  I hereby agree that I, my assignees, heirs, make a claim against, sue, or attach the property volunteers, suppliers, or contractors. This release	r TEAMeffort staff member to obtain medical treatment for
PARTICIPANT NAME	D.O.B.
ADDRESS	
CONTACT PHONE	
NSURANCE CARRIER	
POLICY NUMBER	
ALLERGIES	
DATE OF LAST TETANUS SHOT	
MEDICAL INFORMATION	
SIGNATURE OF PARTICIPANT	DATE

DATE

THIS DOCUMENT NEEDS TO BE NOTARIZED **NOTARY:** 

SIGNATURE OF PARENT OR GUARDIAN (IF PARTICIPANT IS YOUNGER THAN 18)