

SHRINE MONT VOLUNTEER WORK WEEKEND

April 6 – 8, 2018

fist initial of last name

AFTER COMPLETING/SIGNING FORM BEFORE SUBMIT FORM TO

MAIL: Tom von Hemert 3400 Meadow Wood Lane Crozet, VA 22932

SCAN/E-MAIL: tomvonhemert@gmail.com

* Tom will confirm your form/attendance via e-mail or phone call. Any questions/concerns call Tom (434) 823-2331

IMPORTANT: A maximum of 125 volunteers allowed....please sign up early!

PLEASE PRINT

NAME: _____
Last _____ First _____

MAILING ADDRESS: _____
_____ **ZIP** _____

CHURCH: _____

HOME PHONE: (_____) _____-_____ **WORK PHONE:** (_____) _____-_____

E-MAIL: _____

EMERGENCY CONTACT NAME: _____ **PHONE** (_____) _____

SKILLS: -please circle - (carpenter, painting, gardening, worker bee, electrician, mulching, raking)

Other: _____

ATTENDING: -please check- **IMPORTANT:** Need to know when you are arriving and leaving to let Shrine Mont know how many meals to prepare and how many cottages to open.

Dinner in Bryce	Dinner on your own	Friday Night at Shrine Mont	Saturday Breakfast at Shrine Mont	Saturday Lunch at Shrine Mont	Saturday Dinner at Shrine Mont	Saturday Night at Shrine Mont	Sunday Breakfast at Shrine Mont
_____	_____	_____	_____	_____	_____	_____	_____

Shrine Mont Work Weekend Informed Consent / Medical Release

Any person participating in the Shrine Mont Work Weekend must sign an informed consent and medical release form.

WHEREAS, the undersigned (participant) wishes to participate in the **SHRINE MONT WORK WEEKEND** and in consideration of **SHRINE MONT CONFERENCE CENTER'S**, action in allowing the undersigned to engage in such activity, the undersigned acknowledges that the **SHRINE MONT WORK WEEKEND** will necessarily involve participation in activities which are, by their nature, physically demanding and will subject the applicant to stress, anxiety, and possible hazards, not all of which can be foreseen.

It is fully understood that the undersigned will be working with equipment and in environments, which are potentially hazardous. Reasonable precautions will be taken to protect the participant.

The undersigned assumes all of the ordinary risks normally incidental to the nature of the program, including risks, which are not specifically foreseeable.

The undersigned applicant hereby releases any and all rights or claims for damages against Shrine Mont Conference Center, its staff, agents, and all individuals assisting in instructing and conducting these activities, from all liability of any nature for any and all injuries, loss or damage suffered by applicant at, or in any way connected with, these injuries.

DOCTOR'S RELEASE

In the event of an emergency, I do hereby authorize any x-ray examination, anesthetic, dental, medical, or surgical diagnosis or treatment by any physician or dentist and any hospital service that might be rendered under the general, specific or special consent of the Shrine Mont Conference Center staff.

SIGNATURE _____ **EXECUTED THIS** _____ **DAY OF** _____, 2018

PARENT'S SIGNATURE (if under 18 years old) _____ **Date:** _____

(Applicant **MUST** be 16 years of age or older)