

## 2026 Appalachia Service Project

June 27 – July 5



Participant's Name \_\_\_\_\_

### Jesse Lee ASP Release, Liability Waiver, and Medical Authorization

I understand that participation in ASP activities may expose me (or my minor child/ward) to a variety of potentially dangerous situations, among them the use of power tools, work on roofs, and travel on mountainous roads. I still wish to participate or to grant permission for my minor child/ward to participate. In exchange for the opportunity to participate, I hereby release, discharge and covenant to protect, indemnify and hold harmless Jesse Lee Memorial United Methodist Church of Ridgefield, its trustees, employees, agents, volunteers and all persons connected with Jesse Lee ASP, from any and all claims of whatever kind or nature, including NEGLIGENCE, arising from or out of such participation which I may now or hereafter have individually or as the parent or guardian of my minor child/ward. Further, I agree to indemnify and hold harmless Jesse Lee Memorial United Methodist Church of Ridgefield, its trustees, employees, agents, volunteers and all persons connected with Jesse Lee ASP from any claims which my minor child/ward may acquire now or after reaching majority as a result of his/her participation in Jesse Lee ASP activities.

I also give my consent individually and on behalf of my minor child /ward for Jesse Lee Memorial United Methodist Church of Ridgefield and Jesse Lee ASP to use photographs and/or video or audio recordings made during my or my minor child/ward's participation in Jesse Lee ASP activities for its/their charitable purposes, including promotional materials and posts, and to share such images or recordings with other participants, provided my minor child/ward is not identified by name.

I understand that in the event of any situation in which medical treatment is required while involved in Jesse Lee ASP activities, every reasonable effort will be made to contact the individuals listed as Emergency Contacts. If those contacts cannot be reached, I consent individually and on behalf of my minor child/ward to be treated by licensed medical personnel. I authorize the treating medical personnel to disclose confidential medical information to the Jesse Lee ASP adult(s) accompanying me or my minor child/ward and for the Jesse Lee ASP adult(s) to secure proper treatment including injections, anesthesia, or emergency surgery upon the recommendation of and in consultation with medical personnel. I agree that my health care insurance company may be billed for such medical care expenses and am aware that I will be responsible for any medical treatment expenses not covered by my health care insurance.

COVID-19 and other respiratory ailments, such as RSV and the flu, are extremely contagious and are believed to spread mainly from person-to-person contact. As a result, federal, state and local governments and health agencies recommend social distancing and increased sanitation practices by individuals and organizations. Participation with Jesse Lee ASP will involve working, travelling, sleeping, eating and recreating in close proximity to others. It may also involve working inside someone's home and/or necessitating touching surfaces, objects, building materials, tools, or equipment that others have touched. I assume all risks and hold Jesse Lee ASP harmless for any illness that may result from my involvement. You can read more about the ASP National Communicable Disease Guidelines at:

<https://asphome.org/communicablediseaseguidelines/>

I acknowledge that I have read this Release, Waiver, and Authorization, understand it, and am signing it voluntarily and knowingly.

Participant signature: \_\_\_\_\_ Parent/Guardian signature: \_\_\_\_\_

Print name: \_\_\_\_\_ Print name: \_\_\_\_\_

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

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