



4. The minor and the minor's parent acknowledge that in the event of accident or illness, the parent's or guardian's own health insurance provides the primary coverage.
5. The minor and the minor's parent understand that the Indiana-Kentucky Conference or members of the Disaster Preparedness and Response Ministry Team may post, or display pictures or videos of groups or individuals involved in work camp weeks. The minor or minor's parent does not hold Indiana-Kentucky Conference liable or responsible for pictures and videos posted by others in any form of social media or other publications. See consent below.
6. The minor and the minor's parent release and discharge the Indiana-Kentucky Conference of the UCC, and any other organizations that helped in these arrangements, their agents, employees, and officers, from all claims, demands, actions, judgments, or executions that I have ever had, or now have, or may have, or which my heirs, executors, administrators or assign may have or claim to have, against the organizations, their agents, employees, and officers, and their successor or assigns, for all personal injuries, known or unknown, and injuries to property, real or personal, caused by, or arising out of, the above-described work camp. The minor and minor's parent intend to be legally bound by this statement.
7. The IN-KY Conference is committed to providing an atmosphere free from all forms of discrimination, harassment, exploitation and/or intimidation of its volunteers. The minor and the minor's parent acknowledge that they have read and will abide by the *IKC Abuse Prevention* policy. This document can be viewed and downloaded from the IKC Disaster Preparedness webpage.
8. For churches outside the IN-KY Conference: I acknowledge that as participants in this Indiana-Kentucky Conference sponsored work camp program I am subject to the policies, procedures, and covenants of the Indiana-Kentucky Conference; that I must provide my own liability and health insurance coverage; that transportation to, from and during the work camp experience is my responsibility and subject to my own insurance coverage; and that I release and hold harmless Indiana-Kentucky conference and its designated leaders and any others who have participated in arranging this work camp project.

**PHOTO/VIDEO/NAME RELEASE CONSENT (FOR MINOR)**

I represent that I am the legal parent/guardian of \_\_\_\_\_(minor), and I hereby give the Disaster Preparedness and Response Ministry Team (DPRMT) of the Indiana Kentucky Conference (IKC) of the United Church of Christ the right and permission, with respect to names, photographs, and video taken of my child, or in which my child may be included with others, to use, re-use, publish and re-publish the same in whole or in part, severally or in conjunction with other photographs and videos, in any medium and for any purpose whatsoever including illustration, promotion, social media, and advertising (excluding anything illegal or immoral) on the IKC website and DPRMT Facebook page and other such social media platforms.

**MEDICAL/HEALTH INFORMATION/CONSENT (FOR MINOR)**

IMPORTANT: By signing this form, I, the insured, understand that my Major Medical Insurance coverage is Primary for my dependent/minor and/or me. I also agree to pay and/or reimburse for any necessary/emergency medical treatment and/or related expenses incurred during this Work Camp.  
 Parent or Guardian Name \_\_\_\_\_

Emergency Contact Name \_\_\_\_\_ Relationship to Minor \_\_\_\_\_

Emergency Contact Cell: (\_\_\_\_\_) \_\_\_\_\_ Home: (\_\_\_\_\_) \_\_\_\_\_ Work (\_\_\_\_\_) \_\_\_\_\_

Health Insurance Coverage: **Make a copy of insurance card(s) (copied front & back) and include the copies** with this form. Be sure to carry the health insurance carrier card on the work camp.

Insured Name \_\_\_\_\_

Insurance Carrier \_\_\_\_\_ Policy No. \_\_\_\_\_ Group ID \_\_\_\_\_

Questions concerning the minor/dependent:

1) List any known medication allergies: \_\_\_\_\_

\_\_\_\_\_

2) List any medical conditions: \_\_\_\_\_

\_\_\_\_\_

3) List any prescriptions or medications the minor/dependent is currently taking:

| Name of medication | Dosage | When taken | Supervision Needed? |
|--------------------|--------|------------|---------------------|
|--------------------|--------|------------|---------------------|

4) Other helpful health information: \_\_\_\_\_

\_\_\_\_\_

5) List if any physical limitations: \_\_\_\_\_

\_\_\_\_\_

6) The minor/dependent require/request a special diet (please describe): \_\_\_\_\_

\_\_\_\_\_

7) Blood type: \_\_\_\_\_ Date of last Tetanus shot \_\_\_\_\_ Check if not known \_\_\_\_\_

In the unlikely event of a medical emergency in which the parent, guardian, or emergency contact cannot be reached to speak on behalf of the dependent/minor, I authorize the group leader(s) to consent to any necessary examination, anesthetic, medical diagnosis, surgery, treatment and/or hospital care deemed necessary.

Since the volunteer is a minor, a parent or guardian authorization is required. Parents may designate a person who is participating in the same work camp period to act as the "parent representative."

I, \_\_\_\_\_ or \_\_\_\_\_  
*Parent or Guardian (print clearly)* *Parent representative for Work Camp (print clearly)*

consent to any necessary examination, anesthetic, medical diagnosis, surgery, or treatment and/or hospital care rendered to the minor under the general supervision and on the advice of any physician or surgeon licensed to practice medicine by the state in which they practice, during the following work camp dates: \_\_\_\_\_

### **WORK AND/OR TOOL LIMITATION CONSENT FORM (FOR MINOR)**

(This consent is required for each volunteer under the age of 18 (as of the first day of the work camp))

Volunteer's Name (Minor) \_\_\_\_\_ Birth date: \_\_\_\_\_  
(Print clearly) (First) (Middle) (Last) (mo-day-year – xx-xx-xxxx)

Since the volunteer is a minor, parent or guardian authorization is required. Parents may designate a person who is participating in the same work camp period to act as the "parent representative."

1. I appoint the following individual to represent me in decision making regarding the minor volunteer named on this page:

\_\_\_\_\_ (name of parent representative)

2. As the parent or guardian, state any restrictions on the type of work to be performed and/or the tools the minor child is permitted to use. (Please state restrictions)

3. Volunteers under the age of 18 are not permitted on ladders over 6' tall without adult supervision and prior approval given by a parent or guardian. I permit my minor child to be on ladders over 6' tall with adult supervision.

Circle what applies: Yes No

4. Volunteers under the age of 18 are not permitted on roofs without adult supervision and prior approval given by a parent or guardian. I permit my minor child to be on roofs with adult supervision.

Circle what applies: Yes No

By signing this form, you agree to all the covenants, consents, and medical representative authorization described above.

SIGNATURE \_\_\_\_\_ Date \_\_\_\_\_  
(signature of parent or guardian)

WITNESS SIGNATURE \_\_\_\_\_ Date \_\_\_\_\_  
(Witness)

-----  
-----  
Make your check payable to the "IN-KY Conference" and write "2023 Work Camp" in the memo area  
Mail the payment and this registration form (4 pages plus copies of your insurance cards), to the Work  
Camp Registrar:

Greg Denk, 5258 Red Stone Lane, Greenwood, Indiana 46259.

For more information e-mail gdenk5258@att.net or call 317-709-1088 (c)

Receipt of registration form and payment reserves your spot.

Registration Deadline: 3 weeks prior to the first day of the work camp.

**Completed Registration**

Once this IKC registration form and payment are received by Registrar Greg Denk, you will receive a confirmation that your volunteer registration has been approved.

Please review and make sure you have completed all the areas of this registration form. Then make a copy of this form (4 pages) for yourself before mailing in case questions arise.

-----  
-----  
For IKC-DPRMT office use only:

Registration received on: \_\_\_\_\_

Check Number: \_\_\_\_\_

Check Amount: \_\_\_\_\_