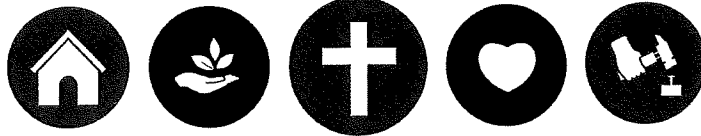


MISSIONAntigo



Each person participating in Mission Antigo should fill out this form and return to one of the church offices (Antigo Community Church, Homestead Church, Peace Lutheran Church) by **May 19, 2024**.

Name _____ Age _____ (minors must be with a parent/guardian)

Phone _____ Email _____

Church you regularly attend (if any) _____

Schedule for June 1 & 3-6, 2024:

- 7:30-8am Meet at Antigo Community Church cafeteria for breakfast and devotionals
- 8am-12pm Various work projects
- 12-1pm Lunch at Hudson Street Shelter
- 1-4pm Continue work projects

Participation (Please check all the days you plan to volunteer below):

- Saturday, June 1
- Monday, June 3
- Tuesday, June 4
- Wednesday, June 5
- Thursday, June 6

Jobs I'm able to do:

- | | |
|--|--|
| <input type="checkbox"/> Construction (building, tearing down, etc.) | <input type="checkbox"/> Meal Setup/Cleanup/Baking |
| <input type="checkbox"/> Tree/Debris Removal | <input type="checkbox"/> Evangelism |
| <input type="checkbox"/> Exterior Painting | <input type="checkbox"/> Photography/Media |
| <input type="checkbox"/> Landscaping and Gardening | <input type="checkbox"/> Driving (Supply Runner) |
| <input type="checkbox"/> Concrete Work | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> Gutter Cleaning | _____ |
| | _____ |

Activity Participation Agreement

Activity Information

Name of sponsoring organization: Peace Lutheran Church

Address: 300 Lincoln Street, Antigo, WI 54409 Telephone: 715-623-2200

Description of activity: Mission Antigo

Date(s) and location of activity: June 1, 3-6, 2024/City of Antigo

Participant Information (To be completed by participant or authorized guardian)

Name of participant: _____

Name of parents/guardians: _____

Address: _____ Telephone: _____

Name of emergency contact: _____

Telephone (Day): _____ Telephone (Evening): _____

List allergies or medical conditions: _____

Is sponsor authorized to approve medical treatment: Yes No

Is participant covered by personal / family medical insurance? Yes No

If yes, name of insurer: _____

Policy or group number: _____

I acknowledge that participation in the activity described above involves risk to the Participant (and to Participant's parents or guardians, if Participant is a minor), and may result in various types of injury including, but not limited to, the following: sickness, bodily injury, death, emotional injury, personal injury, property damage and financial damage.

In consideration for the opportunity to participate in the activity described above (the "Activity"), the Participant (or parent/guardian if Participant is a minor) acknowledges and accepts the risks of injury associated with participation in and transportation to and from the Activity. The Participant (or parent/guardian) accepts personal financial responsibility for any injury or other loss sustained during the Activity or during transportation to and from the activity, as well as for any medical treatment rendered to the Participant that is authorized by the Antigo Community Church or its agents, employees, volunteers, or any other representatives (collectively referred to hereinafter as the "Activity Sponsor").

Further, the Participant (or parent/guardian) releases and promises to indemnify, defend, and hold harmless the Activity Sponsor for any injury arising directly or indirectly out of the described Activity or transportation to and from the Activity, whether such injury arises out of the negligence of the Activity Sponsor, the Participant, or otherwise.

If a dispute over this agreement or any claim for damages arises, the Participant (or parent/guardian) agrees to resolve the matter through a mutually acceptable alternative dispute resolution process. If the Participant (or parent/guardian) and the Activity Sponsor cannot agree upon such a process, the dispute will be submitted to a three-member arbitration panel for resolution pursuant to the rules of the American Arbitration Association.

Signature: _____ Date: _____

Signature: _____ Date: _____

Signature: _____ Date: _____

(Participant and / or ALL parent / guardians if participant is a minor)