

**Operation Backyard Participant Information/Medical Release**

Participant Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
Address: \_\_\_\_\_ City/State/Zip: \_\_\_\_\_  
Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Email: \_\_\_\_\_  
Organization: \_\_\_\_\_ Phone: \_\_\_\_\_

*This Medical treatment Authorization authorizes your Church's representatives to consent to medical treatment for any accident or illness occurring while you or your child is participating in the programs of Operation Backyard, Neighborhood Housing, Inc., and Knoxville Leadership Foundation (collectively "OB"). OB shall not be responsible for authorizing medical care.*

**Contact Information if Minor Participant**

Parent/Legal Guardian(s): (List the names of both custodial parents; if only one custodial parent or for guardianships, enclose a copy of the most recent court order granting custody.)

Name: _____	Name: _____
Address: _____	Address: _____
Cell Phone: _____	Cell Phone: _____
Home Phone: _____	Work Phone: _____
Emergency Contact: _____	Telephone: _____ Relationship to Student: _____

**Authorization**

I/We, \_\_\_\_\_ and \_\_\_\_\_, (names of all parents with custody of student or all guardians), hereby represent and warrant that we are the sole parents or legal guardians of \_\_\_\_\_ (Student's Name), that we have the authority to enter into this authorization for medical treatment of \_\_\_\_\_ (Student's Name). I/we hereby authorize \_\_\_\_\_ (Church/Organization) to seek and obtain medical or dental treatment of the above named student upon any circumstances in which they believe it is reasonably prudent or necessary. I/we hereby authorize any medical or dental services provider to provide consultation, treatment and services to the above named student. In the event further or consent for consultation, treatment or services is required, I/we hereby appoint any employee of \_\_\_\_\_ (Church/Organization) as our/my agent and attorney in fact for the purposes of authorizing any consultation, treatment and services.

I/we hereby provide the following health information, which I/we believe is all the relevant information a medical provider should have with regard to the student's condition in rendering treatment:

Date of last Tetanus shot: \_\_\_\_\_  
Known Allergies: \_\_\_\_\_  
Medications Currently Taking: \_\_\_\_\_  
Any medical or health conditions: \_\_\_\_\_  
Any prior significant medical history: \_\_\_\_\_

In the event any consultation treatment or services are rendered to the above named student while participating in any OB program, I /we understand and agree the church may not have an opportunity to contact me prior to obtaining medical consultation, treatment and services. I/we hereby supply the following health insurance information in order for any medical to obtain reimbursement for their services. I/we hereby agree to pay the provider for any services rendered to the above named student for which the foregoing insurance does not pay.

Medical Insurance Company: \_\_\_\_\_  
Policy Number: \_\_\_\_\_ Group Number: \_\_\_\_\_  
Subscriber Name and ID No: \_\_\_\_\_  
Authorization of Insurance Company: \_\_\_\_\_

This the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_. Signed: \_\_\_\_\_  
**State of \_\_\_\_\_, County of \_\_\_\_\_ personally appeared before me, a Notary Public, \_\_\_\_\_, the within named bargainer, with whom I am personally acquainted (or proved to me on the basis of satisfactory evidence), and who acknowledged that such person executed the within instrument for the purposes therein contained. Witness my hand at office on this the \_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.**

Signed: \_\_\_\_\_ Print Name: \_\_\_\_\_

***\*Having this Authorization notarized may facilitate the timely provision of medical services to your child.***

*This document becomes valid with the date listed above, and expires on December 31 of the current year.*

**Statement of Activities and Release of Liability Form**

Operation Backyard (OB) is a home repair ministry of Knoxville Leadership Foundation and Neighborhood Housing, Inc. Volunteers participating in OB will be engaged in construction activities which may include, but not limited to demolition, roofing, carpentry, digging, plumbing, glasswork, painting, flooring, masonry, exposure to hazardous material, and other facets of construction. These activities may include, but are not limited to, the use of power tools such as saws and drills, as well as the use of hand tools. The activities may also require climbing, with and without supplies, tools and materials as well as working in high places such as roofs and other types of construction work. Participants may also be involved in food preparation and service.

In their free time, camp participants (if applicable) may choose to engage in activities including, but not limited to: Sports, hiking, shopping, touring, or other activities of their choosing. OB may sponsor some recreational activities, which may include, but are not limited to, swimming, basketball, volleyball, baseball, football, and Frisbee. Other activities include, but are not limited to, travel to homes, parks, theaters, churches, restaurants, and shops.

Volunteers are not required to engage in any activity in which they feel they are not able to safely participate.

I (Adult age 21 and up) \_\_\_\_\_ **or** I/we \_\_\_\_\_ and \_\_\_\_\_, *(parent(s) or guardian(s) with custody of student)*, hereby represent and warrant that we are the sole parents or legal guardians of \_\_\_\_\_ *(student's name)*, and that we have the authority to enter into this release. I/we have read the foregoing statement of activities, and understand the extent and nature of the activities in which I/my student will participate. On behalf of my/ourselves, and on behalf of the above named student, I/we hereby fully and finally release Neighborhood Housing, Inc., Knoxville Leadership Foundation, their respective directors, officers, employees, volunteers, agents, successors, and assigns (collectively referred to herein as "NHI"), from any and all claims, causes of action, assertions, and demands arising out of, related to, or otherwise connected with, howsoever remote, the participation of the above named student in the volunteer programs of NHI. I/we agree to indemnify and hold NHI harmless from any loss or damages incurred or resulting from any claim made against NHI on behalf of the above named student or on account of the above named student.

Adult or Parent/Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

Parent/Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

I, \_\_\_\_\_, *(student)*, hereby join in and agree to the release set forth hereinabove. I also promise and agree with NHI that I will, at all times, follow the supervisors' directions and instructions with regard to the performance of volunteer services and safety.

Signed (student): \_\_\_\_\_ Date: \_\_\_\_\_

Student Name: \_\_\_\_\_ Organization Name: \_\_\_\_\_

Participant's Full Address: \_\_\_\_\_

*This document becomes valid with the date listed above, and expires on December 31 of the current year.*