



Adult Volunteer

PO Box 563 English, IN 47118

"FAITH ROCKS" is a 3 day retreat designed to help the youth develop or nurture a relationship with Jesus Christ. They will have an opportunity to join in Christian fellowship through music, sharing, activities, worship and group building exercises. "FAITH ROCKS" is designed for Jr High School through High School age teens. "FAITH ROCKS" is not designed to help solve deep-seated personal problems but to help participants focus on their Christian walk of faith. You should complete, sign the participant form and return to Faith of a Mustard Seed Ministry, INC. via mail with a form of payment no later than two weeks before the event. Make checks payable to "**Faith of a Mustard Seed Ministry**". The cost of the weekend is \$30 if paid by March 31, \$40 if paid by May 31, or \$50 if paid June 1 or later. Cost includes food, t-shirt and water bottle. Participants must also submit a consent & liability form as well as an expectant behavior covenant.

**TO BE COMPLETED BY THE PARTICIPANT**

PARTICIPANT INFORMATION			
Last Name	First Name	Middle Name	
First Name for Name Tag	Date of Birth (mm/dd/yy) / /	Gender (Circle one) Male      Female	
Home Phone	Cell Phone	E-mail	
Home Address	City/State/Zip		
Church & Denomination			t-shirt size
Youth Leader	Youth Leader Cell Number (    ) -		
Insurance Information			
Insurance Company	Name of Responsible Person		
Policy#	Group#		
Contacts - List only individuals who may be contacted and may assume care of participant			
Emergency Contact First Name - Last Name _____			
Employer _____			
Cell Phone (    ) -	Work Phone (    ) -		
E-mail _____	Other Phone (    ) -		

**MEDICAL TREATMENT FORM**  
(Please complete entire section)

**Emergency Medical Treatment Release Statement:** I authorize the FMSM staff, personnel, adult volunteers and/or any licensed physician, EMT or other qualified hospital personnel to render emergency first aid and/or seek all necessary medical attention.

Signature _____	Date                    /        /
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Food Allergies
List all food allergies:

**PART I**

**Faith of a Mustard Seed Ministry, INC.  
Photo Release and Consent**

I give my permission and consent, to Faith of a Mustard Seed Ministry, Inc., (herein FMSM) its officers, employees, agents, assignees, licensees, and cooperating related entities, and their representatives, to use my likeness, image, voice, and/or appearance as such may be embodied in any pictures, photos, video recordings, audiotapes, digital images, and the like (herein pictures), for any purpose consistent with the FMSM mission. These uses include, but are not limited to illustrations, bulletins, exhibitions, videotapes, reprints, reproductions, publications, advertisements, and any promotional or educational materials in any medium now known or later developed, including the Internet. I release, hold harmless, and forever discharge FMSM its officers, employees, agents, assignees, licenses, and cooperating related entities, their representatives, heirs, and executors from any and all claims, demands, and causes of action, which I or my heirs, executors, representatives, administrators, or any other person acting on my behalf, or on behalf of my estate, which they have or may have by reason of this release, consent, and authorization.

**PART II**

**Faith of a Mustard Seed Ministry, INC  
Waiver of Liability and  
Release of Claim**

IN ORDER FOR ME TO PARTICIPATE IN THE RETREAT, ACTIVITIES, AND EVENTS, SPONSORED BY FAITH OF A MUSTARD SEED MINISTRY, INC., HEREIN CALLED "FMSM", I HEREBY, AND FOR (MY) HEIRS, EXECUTORS, ADMINISTRATORS, AND/OR ASSIGNS, WAIVE AND RELEASE ANY AND ALL RIGHTS AND CLAIMS OF ANY NATURE THAT I MAY HAVE AGAINST FAITH OF A MUSTARD SEED MINISTRY, INC., ITS OFFICERS, EMPLOYEES, AGENTS, ASSIGNEES, LICENSEES, AND COOPERATING RELATED ENTITIES, THEIR REPRESENTATIVES, HEIRS, AND EXECUTORS. I FURTHER WAIVE AND RELEASE ANY AND ALL RIGHTS, CLAIMS, AND CAUSES OF ACTION FOR ANY AND ALL INJURIES AND/OR DAMAGES OF ANY KIND AND NATURE, INCLUDING PROPERTY DAMAGE, WHICH I MAY SUFFER FOR ANY REASON KNOWN AND/OR UNKNOWN, FORESEEN AND/OR UNFORESEEN, WHILE TAKING PART IN ANY ACTIVITIES AND/OR EVENTS CONNECTED WITH THE RETREAT INCLUDING AS THE RESULT OF THE NEGLIGENCE OF FAITH OF A MUSTARD SEED MINISTRY, INC., ITS OFFICERS, EMPLOYEES, AGENTS, ASSIGNEES, LICENSEES, AND COOPERATING RELATED ENTITIES, THEIR REPRESENTATIVES, HEIRS, AND EXECUTORS. THIS RELEASE AND CONSENT SHALL BE BINDING UPON MY HEIRS, EXECUTORS, ADMINISTRATORS, AND/OR ASSIGNS. BY SIGNING THIS RELEASE I AFFIRM THAT I HAVE READ AND UNDERSTAND THE WAIVER OF LIABILITY AND RELEASE OF CLAIM FORM.

I have read the foregoing document in its entirety. I understand that my signature affirms that I have read, understand and agree to the terms of the document including the Photo Release and Consent, and Waiver of Liability and Release of Claim.

\_\_\_\_\_  
Printed name of Adult Volunteer

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Phone Number

***Faith of a Mustard Seed Ministry, Inc.***

**Please check one or more.**

*I can help with:*

\_\_\_\_ Family Group leadership

\_\_\_\_ Games / Activities

\_\_\_\_ Drinks

\_\_\_\_ Event set up

\_\_\_\_ Event tear down

\_\_\_\_ Ceremony set up

\_\_\_\_ Pre-meal set up

\_\_\_\_ Post-meal clean up

\_\_\_\_ S'mores

\_\_\_\_ Snack station upkeep

\_\_\_\_ Gate keeper

(locking and unlocking the entrance gate)

Printed Name \_\_\_\_\_