



Volunteer Trip Agreement (Liability Release Form)

Submit online OR give copy to staff upon arrival at ASP center.

Appalachia Service Project (ASP) is a Christian ministry engaged in home repair and home building for the people of Appalachia. ASP operates in rural areas that are often far from professional medical care and ASP cannot guarantee the safety or sanitation of work sites, accommodations, or facilities. Volunteers will be participating in construction activities including, but not limited to roofing, carpentry, framing, dry wall installation, plumbing, insulating, painting, flooring, masonry, electrical wiring, other home building, remodeling, and renovation. These activities may include the use of a variety of tools such as ladders, shovels, rakes, hammers, saws, other hand tools, and power tools such as saws and drills. The foregoing activities may also require working from a ladder or scaffolding or in high places such as on roofs. Volunteers will be travelling in vehicles on roads of varying conditions and possibly in adverse weather conditions. Volunteers may also engage in non-ASP sponsored recreational activities of their choosing on and off ASP sites and gathering locations. Planned evening activities may include travelling to visit places or people of regional interest. Volunteers are not required to engage in any work or recreational activity in which they feel they are not able to safely participate. All volunteers understand that there are risks inherent in construction work, travel, and recreational activities, including risks of serious bodily harm or death, that cannot be eliminated. Accordingly, all volunteers acknowledge these risks, voluntarily choose to assume the risks of all activities with ASP, and agree to hold ASP harmless for any injury, damages or other loss resulting from these activities. All volunteers, as well as their parent(s)/legal guardian(s), must have read, be familiar with, and abide by [ASP's "3-S" Safety Guidelines and Expectations, Rules and Regulations](#). **Volunteers on all ASP Trips must have completed 6th grade.**

I give permission for treatment by competent medical personnel resulting from accidents or medical emergencies while I am a volunteer with ASP. Consent is given to accompanying adult volunteers or ASP staff to hospitalize, secure proper treatment, and to order injections, anesthesia, or surgery by qualified medical personnel. If possible, the adult contact will make the final decision in cooperation with medical personnel. I acknowledge that ASP does not provide accident or medical insurance for volunteers, that my insurance company will be responsible for such medical care expenses, and that I may be billed by and responsible to the medical provider for any medical treatment expenses not covered by my insurance. I understand that if I do not have medical insurance coverage, I am responsible for the payment of any medical bills.

By signing below, I acknowledge that I have read the foregoing statement of activities and the information and guidelines provided by ASP (specifically ASP's Expectations, Rules, and Regulations and ASP's "3-S" Safety Guidelines) and I understand the extent and nature of the activities in which I or my youth will participate. If this Release is for a volunteer under the age of 18, the parent/legal guardian's signature below demonstrates that the parent/legal guardian has read this release, the ASP guidelines and manuals, and hereby gives his/her consent to allow the volunteer to participate in the activities outlined above. I understand that as a volunteer, I am not an employee of ASP and I am not entitled to compensation or any other employment benefits of ASP.

COVID-19: The novel coronavirus, COVID-19, has been declared a worldwide pandemic by the World Health Organization. COVID-19 is extremely contagious and is 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 ASP may involve working, sleeping, eating, or 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. While ASP has enacted sanitation procedures and behavioral protocols to mitigate against the risk of spread of COVID-19 or other infectious diseases, all risks cannot be eliminated. I assume all risks and hold ASP harmless for any illness that may result from my involvement.

By signing below, I (and/or I and my youth) release and discharge Appalachia Service Project, Inc. its agents, employees, and all persons connected therewith, from all liability claims, and causes of action of any type whatsoever arising out of or in any way connected with participation in the activities of the Appalachia Service Project, Inc. My signature below demonstrates my understanding that I am voluntarily waiving any claims I (and/or I and my youth) may now or in the future have against ASP based on any events occurring during my time as a volunteer for ASP.

Media Release and Waiver: The Volunteer and Guardian grant and convey to ASP all rights, title, and interest in all photographic images, video or audio records made during participation with ASP. The Volunteer and Guardian also hereby grant permission for ASP to use photographs, videos, audio recordings, or to otherwise document Volunteer participation in ASP programs, solely for the purpose of marketing, research, and/or education. ASP will not identify by name any minors in either print or web-based images without permission.

SIGNATURE (REQUIRED)

I have completed *
[ASP Required Reading](#)

I'm 19 years of age or older and my background
check is current (within past 3 yrs) *

Yes No NA (under 18)

Printed Name of Participant/Volunteer *

Printed Name of Parent/Legal Guardian (if Participant is under 18 years old)

*

Signature of Participant (if over 18) or Parent/Legal Guardian (if under 18) *

Date *



Volunteer Medical Form (Emergency Contact and Consent for Treatment)

Submit online OR give copy to staff upon arrival at ASP center.

VOLUNTEER INFORMATION (REQUIRED)

Volunteer Last Name*	First Name*	Middle Int.	DOB (MM/DD/YYYY) *
Address (street, apt #)*	City, State* () -		Zip*
Email*	Phone*		

In an emergency, please contact: *

Name _____
 Relationship _____
 Address _____
 City, State, Zip _____
 Day Phone _____
 Evening Phone _____
 Cell Phone _____
 On this ASP trip? Yes No

Name _____
 Relationship _____
 Address _____
 City, State, Zip _____
 Day Phone _____
 Evening Phone _____
 Cell Phone _____
 On this ASP trip? Yes No

EMERGENCY MEDICAL INFORMATION (OPTIONAL)

Medical information is optional to share but can be helpful if treatment is needed and a responsible party cannot be reached. Information on this form is kept confidential and will **only** be used if medical treatment is needed. If you are taking medications or have allergies or health conditions that would be important for a medical professional to know during treatment, please list below.

Date of last Tetanus shot: _____

Medication(s) you currently take (prescribed & over-the-counter): _____

Medication(s) you **CANNOT** take or allergies, health conditions or concerns: _____

Physician information:

Physician name _____ Phone _____

WE SUGGEST YOU BRING A COPY OF YOUR INSURANCE CARD WITH YOU

CONSENT (REQUIRED)

In the event of an emergency or non-emergency situation in which medical treatment is required while participating with Appalachia Service Project, Inc., every reasonable effort will be made to contact the persons listed above. If unsuccessful in contacting the persons listed, consent/permission is given for treatment by competent medical personnel.

Signature of Participant (if over 18) or Parent/Legal Guardian (if under 18) *

Date *

**Office of Youth Safety
Participant Expectations Form**

REQUIRED FOR ALL YOUTH PARTICIPANTS IN GHCC'S ASP TRIP (referred to below as 'PEC')

Programs/Events/Camps (PECs) hosted and/or endorsed by James Madison University are intended for the positive development of young people. Being safe and secure is the starting point for any learning opportunity. We expect all persons involved (minors, parents, volunteers, and employees) to practice behaviors that foster the total development of all participants. Each participant involved in any PEC involving minors must accept responsibility for creating a positive experience for everyone. Participants and parents/guardians must sign this form acknowledging their having read and understood the document in order to participate. Failure to meet participant expectations may result in disciplinary action, including suspension or dismissal.

As a participant I agree to the following:

1. I will obey all applicable University policies and any and all rules or regulations issued by the PEC Director and the University.
2. I will demonstrate cooperation and respect to PEC staff and participants as well as University employees, students and visitors.
3. I will not harass (verbally, electronically, or through other means) any other individual. I will not knowingly or intentionally physically harm other participants or PEC staff. I understand that hitting, pushing, kicking, fighting, bullying, and other behavior which may harm another person will not be tolerated.
4. I will respect the property of other participants, PEC staff, and James Madison University. I will not take anything that does not belong to me. I will not knowingly or intentionally deface or destroy campus property, the property of others, or nature.
5. I will follow all the safety rules and regulations given for each activity in which I participate. This includes, but is not limited to, following the rules regarding curfew, lights out, and being at my assigned activity at the assigned time.
6. I understand that the possession and use of illegal drugs, alcohol, or tobacco at a PEC is unacceptable and prohibited.
7. I understand that any medication which I require to treat a medical condition will be documented; must be stored in the original packaging and clearly labeled; and is not permissible to be shared.
8. I understand that I should inform PEC staff of any personal injury or medical condition which could affect my ability to fully participate.
9. I understand that I must inform PEC staff if I am having a problem with, or feeling threatened by, another participant, a member of the PEC staff, or anyone I encounter.
10. I understand that I must wear appropriate clothing each day, and that what clothing is deemed appropriate or inappropriate is at the discretion of PEC staff.
11. I understand that weapons, look-alike weapons, or objects that may be used to threaten, intimidate, or harm others or to damage property may not be brought to a PEC. Any object that may hurt or place another person in fear of his/her safety may be considered a weapon.

PARTICIPANT CONDUCT AGREEMENT

Program//Event/Camp (PEC)Name: **Greenfield Hill Church Appalachia Service Project**

Date(s): June 27-28, 2026

Time(s): 3:30 p.m. on 6/27 - 10 am on 6/28

Participant Preferred Name:

(hereafter "Participant")

Parent/Guardian Full Name:

PEC has established rules and expectations for all Participants. It is the responsibility of the Parent/Legal Guardian and the Participant to review the PEC rules and expectations and to go over them with children attending the PEC. Dismissed Participants are not eligible for a refund of any fees or expenses. The Parent/Legal Guardian is responsible for all costs associated with removing the Participant from the PEC due to his/her misconduct, including but not limited to transportation costs to return the Participant home.

PARTICIPANT AGREEMENT

I understand that as a condition for participating in the PEC that I must comply with the PEC rules and expectations and follow all directions of the PEC staff. Failure to comply with the PEC rules and expectations or failure to comply with the directions of PEC staff may result in my dismissal from the PEC with no refund.

Participant's Signature:

Date: _____

PARENT/LEGAL GUARDIAN AGREEMENT

I have received and read the Participant Expectations provided by the PEC. I have assisted my child in understanding the above rules, and requirements. I understand that my child will be subject to the expectations and standards of the PEC and James Madison University. I further understand that my child's violation of the rules and expectations, or failure to comply with the reasonable direction of PEC staff, may result in my child's dismissal from the PEC. I accept responsibility for all costs associated with removing my child from the PEC, including but not limited to transportation costs to return the Participant home.

Parent/Legal Guardian's Signature:

Date: _____

Church Permission Form and Liability Waiver

Greenfield Hill Congregational Church - Appalachia Trip (June 27 - July 4 2026)

I, _____, the parent/guardian of _____, give permission for my child to participate in the Appalachia Service Project trip of Greenfield Hill Congregational Church.

LIABILITY RELEASE: In consideration of Greenfield Hill Church allowing my child to participate in the Appalachia Service Project trip, I, the undersigned, do hereby release, forever discharge and agree to hold harmless Greenfield Hill Church, its pastors, directors, employees, and volunteers (collectively herein the "Church") from any and all liability, claims or demands for accidental personal injury, sickness or death, as well as property damage and expenses, of any nature whatsoever which may be incurred by my child while involved in the Appalachia Service Project trip. Furthermore, I, on behalf of my minor participant, hereby assume all risk of accidental personal injury, sickness, death, damage and expense as a result of participation in the Appalachia Service Project trip. The undersigned further hereby agrees to hold harmless and indemnify the Church for any liability sustained by the Church as the result of the negligent, willful or intentional acts of said participant, including expenses incurred attendant thereto.

MEDICAL TREATMENT PERMISSION: I authorize an adult, in whose care my child has been entrusted, to render or obtain such emergency medical care or treatment for my child as may be necessary should any injury, harm or accident occur to my child.

EARLY RETURN HOME POLICY: Should it be necessary for my child to return home due to medical reasons, disciplinary action or otherwise, the undersigned shall assume all transportation costs and responsibility.

TRANSPORTATION PERMISSION: The undersigned does also hereby give permission for my child to ride in any vehicle driven by a licensed chaperone while on the Appalachia Service Project Trip.

I agree and consent to all of the above stated.

(Parent/Guardian Signature) _____
(Date)

Community Standards - To be signed by Youth participant and Parent/Guardian

I agree to conduct myself in a respectful manner. I promise to respect myself, other people, and property. I agree to participate and be cooperative in all activities for which I am expected to be a part.

Furthermore, by signing this covenant, I state that I understand that action will be taken if I partake in any of the following activities: possession of controlled substances such as tobacco, vapes, alcohol, or recreational drugs, possession of weapons, violation of the law, or any other activity violating ASP's standards. I understand that participants may face possible search of their personal belongings by leaders if there is reason to believe that they are in possession of prohibited items. I understand that violation of these standards can and will result in consequences deemed appropriate by ASP and church leaders, including, but not limited to, being sent home.

(Youth Signature) _____
(Date)

(Parent/Guardian Signature) _____
(Date)