

BAPTIST AMBASSADORS TO AMERICA

PROJECT REGISTRATION

(Please fill out and send to BATA Office)

PROJECT NAME: _____

DATES AVAILABLE: _____ TO _____

PERSONAL INFORMATION

NAME: _____

ADDRESS: _____

HOME PHONE: _____ CELL PHONE: _____

EMERGENCY CONTACT INFORMATION

NAME OF FRIEND OR RELATIVE: _____

RELATIONSHIP: _____ HOME PHONE: _____ CELL PHONE: _____

HOME CHURCH INFORMATION

CHURCH NAME: _____

ADDRESS: _____

CHURCH OFFICE PHONE: _____

PASTOR: _____

PASTOR'S PHONE: _____

HOW CAN YOU HELP?

SOUL WINNING (CIRCLE ONE) YES NO

SOUL WINNING PARTNER (CIRCLE ONE) YES NO

CANVASTING / DOOR KNOCKING (CIRCLE ONE) YES NO

OTHER: _____

HOW CAN WE HELP?

NEED HELP FINDING HOUSING? (CIRCLE ONE) YES NO

NEED HELP FINDING MONEY? (CIRCLE ONE) YES NO

PERSONAL RELEASE

BATA Volunteer Trip Waiver of Liability and Hold Harmless Agreement

I, _____ the undersigned participant, am requesting participation with Baptist Ambassadors to America: also known as BATA. This activity that begins on: _____ and ends on: _____ . In consideration for being allowed to participate in this Activity, on behalf of myself and my next of kin, heirs and representatives, I **release from all liability and promise not to sue** BATA; the Valley Baptist Church of Coatesville, PA and their employees, officers, directors, volunteers and missionaries from any and all claims, **including claims of the BATA's negligence**, resulting in any physical or psychological injury (including paralysis and death), illness, damages, or economic or emotional loss I may suffer because of my participation in this Activity, including travel to, from and during the Activity.

I am voluntarily participating in this Activity. I am aware of the risks associated with traveling to/from and participating in this Activity, which include but are not limited to physical or psychological injury, pain, suffering, illness, disfigurement, temporary or permanent disability (including paralysis), economic or emotional loss, and/or death. I understand that these injuries or outcomes may arise from my own or other's actions, inaction, or negligence; conditions related to travel; or the condition of the Activity location(s). **Nonetheless, I assume all related risks, both known or unknown to me, of my participation in this Activity, including travel to, from and during the Activity.**

I agree to **hold BATA harmless** from any and all claims, including attorney's fees or damage to my personal property that may occur as a result of my participation in this Activity, including travel to, from and during the Activity. If the BATA incurs any of these types of expenses, I agree to reimburse Baptist Ambassadors to America. If I need medical treatment, I agree to be financially responsible for any costs incurred as a result of such treatment. I am aware and understand that I should carry my own health insurance.

I am 18 years or older. **I understand the legal consequences of signing this document, including (a) releasing BATA from all liability, (b) promising not to sue the BATA, (c) and assuming all risks of participating in this Activity, including travel to, from and during the Activity.**

I understand that this document is written to be as broad and inclusive as legally permitted. I agree that if any portion is held invalid or unenforceable, I will continue to be bound by the remaining terms.

I have read this document, and I am signing it freely. No other representations concerning the legal effect of this document have been made to me.

Participant's Signature

Date

Print Participant's Name Phone Number

Parent's Signature (if participant is a minor)

Date

PARENTAL RELEASE

I _____ am the parent or legal guardian of _____ the Participant. **I understand the legal consequences of signing this document, including (a) releasing the BATA from all liability on my and the Participant's behalf, (b) promising not to sue on my and the Participant's behalf, (c) and assuming all risks of the Participant's participation in this Activity, including travel to, from and during the Activity.** I allow Participant to participate in this Activity. I understand that I am responsible for the obligations and acts of Participant as described in this document. I agree to be bound by the terms of this document.

I have read this document, and I am signing it freely. No other representations concerning the legal effect of this document have been made to me.

Print Name of Minor Participant's Parent/Guardian

Date

Signature of Minor Participant's Parent/Guardian

Minor Participant's Name

PASTORAL RELEASE

As Pastor of the _____ (your church name) I am confident that _____ (participant's name) will be a great asset to your team for this project.

Print Pastor's Name

Sign Pastor's Name

Date

PHONE