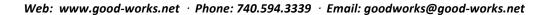
CHCA Service Immersion Student Agreement

I,, a a Cincinnati Hills Christian Academy Service Imme	m pleased to have been considered/selected to participate or ersion Trip to (location).
I accept responsibility to conduct myself acceparticipating in this program:	ording to the following rules and procedures while
	24/7. I understand that safety is first and team building is ate and will give my best in every area including devotions, ons, journaling, sight-seeing, etc.
I will abide by all regulations and all instruc Hills Christian Academy and the host organi	tions given by the representatives/teachers of Cincinnatization(s).
• I will not purchase, use or have in my posses by a doctor) during this mission trip.	ssion any tobacco, alcohol, or other drugs (unless prescribed
• I will be considerate and cautious in the use offensive and inappropriate at times.	of photography. I understand that taking photos may be
group, my experience and detach me from the	tronic devices on immersion trips disconnect me from my ne community where I am learning and serving. Therefore, to full experience. Cell phones/texting are not to be used at ed group time.
• I will submit to a search of any/all luggage, or representatives/teachers of Cincinnati Hills (clothing, packages, boarding rooms at the sole discretion of Christian Academy and host associates.
I promise to reflect the Christ-centered value through my own personal actions at all times.	es and morals of Cincinnati Hills Christian Academy s.
By signing this statement, I agree to the rules and profollow these rules and procedures, I may/will immed	rocedures stated above. I understand that if I choose not to diately be sent home at the expense of my parents.
Signature of Student	Date
Signature of Mother/ Legal Guardian	Date
Signature of Father/Legal Guardian	Date





PLEASE PRINT CLEARLY

Good Works, Inc. Volunteer Releases

Volunteers are asked to fill out and sign the information requested below prior to beginning any volunteer service with Good Works. It is not unusual to have questions regarding this part of the application. Feel free to direct your questions to a full-time Good Works staff member.

Name		Addr	ess		
Name	State	Zip	Phone	Male	Female
Email Address					
not do this, please indicate h	ere	Please do no		gs.	prejer that we a
If volunteer is under age	: 18, please als	o complete the	following:		
Name of Parent or Legal	Guardian				
Address (if different from	n above)				
City	Sta	ate Zip _	Phone		
I commit myself to serve at conditions that I may not be persevere and act with kind uncomfortable. I gladly acc the leadership of the Good Vilimitations when necessary will give my best to serve the B. RELEASE OF ALL CLAIMS This is a legal release of liable and intention of releasing a responsible for any or all in volunteer experience with/officers and all others conneand services of Good Works executions that may be incut Your initials here indicate your conditions that the services of Good Works executions that may be incut Your initials here indicate your limitals here indicate your limitals here indicates the services of Good Works executions that may be incut Your initials here indicates your limitals here indicates your lim	e accustomed to all, with the service and will go and will go all the obligation in the service and with the sected with the service during an area during a	to and which me the support of the s	ay require personal sacrification of my peers and leaders, evaluation and grow personally to comply with their requirements our neighbors in Sor respect as I work with the negly agree to this <i>Release of the second and the second and the second works</i> from all claims, do younteer experience with	ices of me. I will do my leaven when I am tired and it. I commit myself to the tests and will honestly account eastern Ohio with Green and for them. If All Claims with the expression works, Inc. of Athe incurred during and/or account eastern of the facilities, activities emands, actions, judgmen/at Good Works.	best to l e guidance of dmit my own Good Works. I press purpose ens, Ohio after the ers, corporate s, programs
Good Works takes pictures, newsletters, on our website pictures showing how their anyone but are used solely By signing this agreement, y	and in brochu money was us for our publica	ares we hand or sed to help the ations and the p	ut. We are also funded thr community and the organi publications of our grantor	rough organizations that ization. The pictures are rs.	t want e not sold to
D. MEDICAL RELEASE In order that I may receive medical treatment for myse					

am involved with Good Works related activities. I also authorize the designated event staff to obtain such treatment. I further acknowledge and understand that, while volunteering at Good Works, Inc., there is a possibility of physical illness or injury and that I am assuming the risk for such illness or injury by my participation. Payment of any medical

expenses will be paid by me or by my insurance company.

If volunteer is under age 18, parent/guardian please complete the following:

In order that my child may receive the necessary medical treatment from medical staff of an area hospital, I hereby consent to medical treatment for my child. This pertains to any injury or illness during the times my child is involved with Good Works related activities. I also authorize the appropriate people to obtain such treatment. I further acknowledge and understand that, while volunteering at Good Works, Inc., there is a possibility of physical illness or injury and that my child and I are assuming the risk for such illness or injury by her/his participation. Payment of any medical expenses will be paid by me or by my insurance company.

Parent/guardian initials here indicates that you have read the above paragraph and do not have further questions __

Persons to Contact in Case of Emergency:						
1.	Name	Relationship to you Night Phone ()				
2.	Name	Relationship to you Night Phone ()				
Medical	and Insurance Information:					
The information you provide here will enable Good Works to act on your behalf if you should become injured on our property or while involved in work assigned to you by Good Works.						
	Family Doctor's Name	Phone ()				
	Address					
	City State Zip					
	List any allergies, health conditions and/or medications					
	Are your immunizations up to date? Yes No Date of last Tetanus Shot// Explain:					
	Do you have Medical Insurance? Yes No Name of Insurance Company:					
	Name of Policy Holder					
E. ADI	ULT RELEASE					
I agree to the releases described above and to the time of volunteer service at Good Works, Inc.						
Signatu	re:	Date:				
If volunteer is under age 18, parent/guardian please complete the following:						
abo	orint name of parent or legal guardian),ove to participate in volunteer service on the property of the described releases.					
Pare	ent/Guardian Signature:	Date:				