

# Statement of Activities and Release of Liability Form

*(For SOS participants age seventeen years and younger)*

Service Over Self, Incorporated, (SOS), is an inner-city home repair ministry in Memphis, Tennessee. SOS is a not for profit corporation. Volunteers participating in SOS will be engaged in construction activities including, 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 will also be involved in food preparation and service.

In their free time, volunteers may choose to engage in activities including, but not limited to, sports, hiking, shopping, touring, or other activities of their choosing. SOS may sponsor some recreation 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/We, \_\_\_\_\_ and \_\_\_\_\_, parent(s) or guardian(s) of \_\_\_\_\_, A minor, jointly and severally as parent(s) and guardian(s) of the minor child have read the foregoing statement of activities, understand the extent and nature of the activities in which my/our child/ward will participate, and hereby release and discharge Service Over Self, Incorporated, and its officers, directors, agents, employees, volunteers, and all persons connected therewith from any and all liability, claims and causes or action of any type whatsoever arising out of or in any way connected with said child's participation in the activities of the Service Over Self, Incorporated, on \_\_\_\_\_(start date) to \_\_\_\_\_(end date).

I/We, give permission for photographs and/or videos to be taken of the minor listed above while participating in SOS activities. I understand that these photos and/or videos may be used on the SOS website, brochures, or other promotional material. Please check either "Yes" or "No" below:

Yes

No

This is the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

Signed \_\_\_\_\_ Relationship to Child \_\_\_\_\_

Print Name \_\_\_\_\_

Church Name \_\_\_\_\_

Child's email \_\_\_\_\_ Birthdate \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Parent's email \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

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

# PARTICIPANT HEALTH FORM

Name: \_\_\_\_\_  
Last First Middle

Permanent Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Social Security # \_\_\_\_\_

Parent/Guardian: \_\_\_\_\_ Daytime Phone: \_\_\_\_\_ Eve. Phone \_\_\_\_\_

Parent/Guardian: \_\_\_\_\_ Daytime Phone: \_\_\_\_\_ Eve. Phone \_\_\_\_\_

If my parent is not available in an emergency, notify:

\_\_\_\_\_ Phone: \_\_\_\_\_ Phone: \_\_\_\_\_  
\_\_\_\_\_ Phone: \_\_\_\_\_ Phone: \_\_\_\_\_

## Health History: (Check - giving approximate dates)

### Diseases/Illnesses:

- |  |  |   |
|--|--|---|
| <input type="checkbox"/> Asthma _____            | <input type="checkbox"/> German Measles _____      | <input type="checkbox"/> Mono _____                 |
| <input type="checkbox"/> Bleeding Disorder _____ | <input type="checkbox"/> Heart Problems _____      | <input type="checkbox"/> Mumps _____                |
| <input type="checkbox"/> Cancer _____            | <input type="checkbox"/> High Blood Pressure _____ | <input type="checkbox"/> Recurring Strep Inf. _____ |
| <input type="checkbox"/> Chicken Pox _____       | <input type="checkbox"/> Hypoglycemia _____        | <input type="checkbox"/> Respiratory Problems _____ |
| <input type="checkbox"/> Diabetes _____          | <input type="checkbox"/> Kidney Problems _____     | <input type="checkbox"/> Respiratory Problems _____ |
| <input type="checkbox"/> Ear Infections _____    | <input type="checkbox"/> Knee Problems _____       |   |
| <input type="checkbox"/> Eating Disorders _____  | <input type="checkbox"/> Measles _____             |   |

### Allergies:

- Hay Fever \_\_\_\_\_
- Insect Stings \_\_\_\_\_
- Ivy Poisoning \_\_\_\_\_
- Other \_\_\_\_\_

### Drug Allergies: (List any medication you are allergic to)

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Have you been out of the USA in the past 9 months? \_\_\_\_\_ If so, where? \_\_\_\_\_

### Immunizations:

Tetanus – Date of Last Tetanus: \_\_\_\_\_ (Obtain Tetanus if you are not current)

Have you been (in the past 12 months) or are you currently being treated for a psychiatric/psychological disorder? \_\_\_\_\_

If yes, please explain: \_\_\_\_\_

List any previous surgeries or injuries (Give Dates): \_\_\_\_\_

Any illness occurring within the last 5 years that caused you to miss school or work for more than 3 days: \_\_\_\_\_

I am covered under my parents' Medical Insurance Plan: \_\_\_ Yes \_\_\_ No

If so, name of Insurance Company: \_\_\_\_\_

I have Medical Insurance of my own: \_\_\_ Yes \_\_\_ No

If so, name of Insurance Company: \_\_\_\_\_

Insurance Policy #: \_\_\_\_\_ Insurance Policy Phone #: \_\_\_\_\_

### Consent for Treatment

I hereby give permission to the physician selected by the SOS Director to hospitalize, secure proper treatment for, and to order injection, anesthesia, or surgery for myself. (Guardian signature required if under 18 years of age).

Signature: \_\_\_\_\_ Date: \_\_\_\_\_