



5200 Avenue NI/2 - Galveston, TX 77551 - (409) 795-9342 - www.onemissiongalveston.org

INDIVIDUAL TEAM MEMBER INFORMATION

Name (First, Middle, Last) _____

Group Name _____ Gender Male Female

Address _____

City _____ State/Province _____ Postal/ZIP Code _____

Email _____ Phone Number _____ Date of Birth _____

Beneficiary Information for Supplemental Insurance Enrollment (Travel/Accidental Death & Dismemberment)

Full Name _____ Relation to participant _____

Home Phone _____ E-mail _____

Skills

In the spaces below please let us know about your skills and/or vocations. Please circle a number to correspond with your skill level: 1 = Unskilled 2 = Seen It Done 3 = Done Before 4 = Skilled 5 = Professionally Licensed

Carpet	1	2	3	4	5
Concrete Work	1	2	3	4	5
Cooking	1	2	3	4	5
Drywall Finishing	1	2	3	4	5
Drywall Hanging	1	2	3	4	5
Electric	1	2	3	4	5
Finish Carpentry	1	2	3	4	5
First Aid/Medical	1	2	3	4	5
Flooring	1	2	3	4	5
Framing	1	2	3	4	5

General Contracting	1	2	3	4	5
HVAC	1	2	3	4	5
Landscaping	1	2	3	4	5
Masonry	1	2	3	4	5
Metal Studs	1	2	3	4	5
Painting	1	2	3	4	5
Plumbing	1	2	3	4	5
Roofing	1	2	3	4	5
Steel Work	1	2	3	4	5
Other (please specify below)	1	2	3	4	5

Are you a crew leader for your team? Yes No

Would you be willing to be a crew leader for another team? Yes No

When can you volunteer again?

Spring Summer Fall Winter Anytime

Authorization for Treatment/Release of Claims:

I, the undersigned, do for myself (or for and on behalf of my child under 18 years of age) give permission for an attending physician or hospital to administer medical care if deemed necessary by the One Mission: Galveston representative and the physician or hospital staff during the time with One Mission: Galveston. I, the undersigned, do for myself (or for and on behalf of my child under 18 years of age) hereby release from all claims and forever hold harmless the directors, employees, and agents of One Mission: Galveston/Xtreme International from any and all claims and demands for personal injury, sickness, and death, as well as property damage and expenses, of any nature incurred by myself (or for and on behalf of my child under 18 years of age). I also assume personal responsibility for all medical bills for myself (or for and on behalf of my child under 18 years of age) and do certify I have secured primary medical insurance for myself (or for and on behalf of my child under 18 years of age). I understand that, if I paid the full-price rate (\$29/day or \$199/week) to be at One Mission: Galveston, supplemental insurance is provided through Adams & Associates, but this in no way relieves me of my responsibility as outlined above. Further, should it be necessary for me or my child to return home due to disciplinary actions, for medical reasons, or otherwise, I hereby assume responsibility for all transportation costs.

Photo/Video/Commentary Release:

I, the undersigned, do hereby consent and authorize One Mission: Galveston/Xtreme International or any of its representatives, to use and produce photographs, film, video or other electronic imaging of me and information relating to my circumstances for present and future fundraising and advertising purposes. I further agree to allow One Mission: Galveston/Xtreme International to use my name and any other information provided by me during interviews and conversations, unless otherwise stipulated, for present and future fundraising and advertising purposes. I waive the right to approve the photographs, film, video, or other electronic imaging or background copy which may be used, or to approve the use to which it may be applied.

Certification of Fitness:

I certify that I am completely healthy (both physically and emotionally) and capable of participating in this activity or activities. I have listed below any medical condition that One Mission: Galveston/Xtreme International should be aware of which may hinder my participation in the activity selected. However, I understand that it is solely my responsibility to determine whether there is any medical reason that I should not participate in the selected activity.

Medical Condition: _____

Acknowledgement of Risk/Waiver of Liability:

I acknowledge that there are risks and hazards involved in any of the activities in which I (or my child under 18 years of age) have chosen to participate. These risks include, but are not limited to: physical injury, trauma, death, emotional injury, and property damage. These hazards include, but are not limited to: equipment failure, environmental hazards, etc. and this is not an exhaustive list of the risks or hazards I may encounter, and that I may encounter unforeseen situations.

In order to participate in the activity or activities listed above, I forever waive my right to sue One Mission: Galveston/Xtreme International and the Galveston Independent School District (GISD) (including their directors, staff, employees, and other contracted parties) for any injury (including death) I (or my child under 18 years of age) may suffer arising out of my participation in this activity or activities. I understand that by signing this document all liability of One Mission: Galveston/Xtreme International and the Galveston Independent School District (GISD) (including their directors, staff, employees, and other contracted parties) to me for any injuries (including death) I may suffer arising out of my participation in the activity or activities listed above will be forever extinguished.

Signature: _____ Name (printed): _____

Parent/Guardian Signature (if participant is under 18): _____

Parent/Guardian Name (printed): _____

Emergency Contact Numbers: _____

In Case of Emergency and neither Parent is able to be reached contact:

Name: _____

Phone: _____ Relationship: _____