



HOW TO BOOK YOUR TRIP

***** MUST BE AT LEAST 18 YEARS OLD BY DATE OF DEPARTURE**

***** MUST HAVE OWN HEALTH INSURANCE**

- 1. Contact Us:** We are available by phone or e-mail to answer your questions and to check availability. Contact information: Coordinator: Julie Smith (cell) (248) 821-8216, mfan81@yahoo.com
- 2. Cost:** \$225 per person per week. A \$100 deposit (non-refundable after 3/1/09) per person per week is due with application. Balance is due 3/1/09.
- 3. Application On-Line:** Do your application and pay your deposit on-line from Katrina8.joyfullyserving.com. **Or by mail:** Complete and submit all pages of this application along with full payment or a \$100 deposit check payable to *The Presbytery of Detroit*. Mail to Katrina 8 Trip, c/o Mary Garlough, 1164 Nottingham, Grosse Pointe Park, MI 48230-1340. Mary's email: marygarlough@gmail.com; cell: (313) 530-4698.
- 4. Acceptance:** We will send you an email confirmation. Orientation meeting set for Sunday, Mar. 1, at 4:00 pm, 99 Wayne St., Pontiac, 48342 (First Presbyterian Church)
- 5. Travel:** Each church responsible for own transportation (vans and cars work best). Lodging is included.

Name- Last _____ First _____ Preferred/Nick _____

Address _____ City/State/Zip _____ Gender _____

E-Mail Address (main communication method) _____ Birth Date _____

Home Phone _____ Work Phone _____ Cell Phone _____

Emergency Contact Information: Name _____ Relationship _____

Home Phone _____ Work Phone _____ Cell Phone _____

Why do you want to go on trip? _____

Please indicate if you would you be willing to serve as part of the leadership team in any of the following 6 areas:

- ____ 1. Overall Leader Assistant at Camp
- ____ 2. Job-site leader/supervisor
- ____ 3. Building Supplies Runner - local (in town)
- ____ 4. Building Supplies Runner - long distance (up to 30 miles away)
- ____ 5. Communication/Documentation (journaling, photography, CD/DVD creation, etc.). What kind of photography and/or computer equipment will you be bringing? _____
- ____ 6. Healthcare/Medical

I am comfortable on a ladder. Circle YES or NO

I am comfortable on a roof. Circle YES or NO I am comfortable on a raised deck. Circle YES or NO

Are you planning on driving your vehicle? (Assume it will be used to go to worksites). If yes, what is the make/model? And how many people can you take (including yourself) with luggage? _____

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Name- Last _____ First _____

Provide me with a hotel room on the way to Mississippi. Circle YES or NO

Provide me with a hotel room on the way home. Circle YES or NO

Provide me with a non-smoking room. Circle YES or NO

If you are traveling with a group and/or your spouse, please indicate the name of at least one person with whom you would like to share a room. _____

Skills Assessment

- Under "**Age Range**", please indicate the appropriate age range:
A = under 25, **B** = 26 - 35, **C** = 36 - 45, **D** = 46 - 55, **E** = 56 - 65, **F** = Over 65
- For each **Skillset**, please specify any and all skills you possess according to the following levels:
1 = willing helper, **2** = Do it yourselfer, **3** = Extensive handyperson, **4** = Worked trade previously, **5** = Working in trade currently, **6** = licensed

Age Range	Window Installation	Electrician	Engineer	Painting	Roofing	Plumbing	Drywall	Carpentry	Masonry	Heating/AC	Insulation	Cabinetry	General Help	Bobcat/Backhoe Oper.	Cooking	Counseling	Admin/Computer	General Contractor	Chainsaw Operation	Debris Removal

Are there any other skills/abilities/experience you would like to let the leadership know about?

Church affiliation: In order to ensure a positive, cohesive group, please list your church and phone number.

Church Name _____ Phone _____

Address _____ City/State/Zip _____

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**PRESBYTERIAN DISASTER ASSISTANCE - GENERAL RELEASE, INDEMNIFICATION AGREEMENT
AND AUTHORIZATION FOR MEDICAL TREATMENT - Page 1 (TO BE GIVEN TO PDA OFFICIALS)**

Participant name: _____ (“Participant”)

DOB: _____

Address: _____

City/State/Zip: _____

Telephone: (Cell) _____ (Day/Evening) _____

In consideration of the opportunity provided to me to participate in the PDA Disaster Response (as defined below) and any services, housing, food, and the like provided by PCUSA (as defined below), I, Participant, hereby understand and agree that the Presbyterian Church (U.S.A.) General Assembly, all synods, presbyteries, and local churches and their corporations and related entities, their staff, volunteers, directors, officers, agents, elders, deacons, representatives, successors, assigns and entities (hereinafter collectively referred to as "PCUSA") will not be responsible in any way whatsoever for loss, damage, or injury of any kind or in any manner resulting from or in connection with my participation in the program described as follows: _____ KATRINA RELIEF _____

(hereinafter referred to as "**PDA Disaster Response**").

I, Participant, understand and agree that PCUSA does not and cannot guarantee my safety in connection with the PDA Disaster Response. Further, I understand and agree the activities involved with the PDA Disaster Response may include but are not limited to the following: difficult living conditions, risks concerning means of travel, food, water, diseases, pests, poor sanitation, and other health related situations, including potential injury while working. I accept and assume all responsibility for all risks which may occur during, in connection with, or result from my participation in the PDA Disaster Response including, but not limited to, potential injury while working.

RELEASE: With the above in mind and by my signature below, I fully understand, agree and hereby voluntarily release and forever discharge PCUSA. PCUSA shall not be responsible or liable in any way for any accident, loss, death, injury or damage to myself or my property, in connection with my participation in the PDA Disaster Response or any portion of the PDA Disaster Response even if said injury or action is due to the alleged negligence of PCUSA. Further, I do hereby agree to indemnify and hold PCUSA harmless against any and all liabilities, damages, claims, actions or rights of action, suits, judgments and associated costs and expenses (including, without limitation, attorneys' fees) of whatsoever kind in connection with my participation in the PDA Disaster Response or any portion of the PDA Disaster Response. Further, I make this agreement on behalf of my heirs, agents, fiduciaries, successors and assigns. I waive, knowingly and voluntarily, each and every claim or right of action I have now or may have in the future against the PCUSA related to my participation in the PDA Disaster Response, even if any such claim or right of action is caused by PCUSA's alleged negligence. This document does not release PCUSA from gross negligence.

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**PRESBYTERIAN DISASTER ASSISTANCE - GENERAL RELEASE, INDEMNIFICATION AGREEMENT
AND AUTHORIZATION FOR MEDICAL TREATMENT - Page 2 (TO BE GIVEN TO PDA OFFICIALS)**

Participant name: _____ (“Participant”)

MEDICAL COVERAGE: I understand and acknowledge that **no medical or other insurance or health care benefits will be provided to me by PCUSA** during my participation in the PDA Disaster Response, and I certify that I have sufficient health, accident and liability insurance or other benefits to cover any bodily injury or property damage I may incur while participation in the PDA Disaster Response and to cover bodily injury or property damage caused to a third party as a result of my participation in the PDA Disaster Response, as follows:

Company _____ Policy # _____

Address _____

MEDICAL RELEASE: I hereby state that I am in good health and have all medications necessary to treat any allergic or chronic conditions, and I am able to administer such medications without assistance. If at any time during my participation in the PDA Disaster Response I need emergency medical care and am not able to give consent because of my physical or mental condition, I authorize PCUSA to make emergency medical care decisions on my behalf, and I specifically release PCUSA, in making those emergency medical care decisions, from any and all liability associated with said decisions, even if injury or death is the result of PCUSA's alleged negligence.

Person to be notified in case of injury:

Name _____

Telephone: _____ (evening) _____ (daytime)

Cell Phone: _____

ALL PARTICIPANTS MUST SIGN:

My signature below indicates that I have read this entire two page document, understand it completely, and agree to be bound by its terms.

SIGNATURE OF PARTICIPANT: _____

DATE EXECUTED: _____

SIGNATURES MUST BE WITNESSED:

SIGNATURE OF WITNESS: _____

DATE EXECUTED: _____

Presbytery of Detroit
Hurricane Katrina Outbound Mission Trip
Supplemental Medical Information Form

**(TO BE KEPT WITH TRIP NURSE ALONG WITH A COPY OF PAGE 2 OF PRESBYTERIAN
DISASTER ASSISTANCE - GENERAL RELEASE, INDEMNIFICATION AGREEMENT AND
AUTHORIZATION FOR MEDICAL TREATMENT)**

PURPOSE: This form is not intended to invade your privacy. Its sole purpose is to alert the Trip Leader and medical providers to any condition that might assist in your care in an emergency medical situation. All information on this form will be kept confidential and the form will be kept on file at the presbytery offices at the conclusion of the trip.

Participant name: _____ DOB: _____

Church _____

Emergency Contact:

Address: _____

City/State/Zip: _____

Please describe any dietary restrictions _____

Do you have any physical conditions that could be a health/safety factor at any time during this trip? No _____

Yes _____ If yes, please describe: _____

Are you presently taking prescription medication for any condition described above?

No _____

Yes _____ If yes, please list: _____

Name of primary insurance holder: _____

**Please bring your medical card with you **