



## Individual Registration Form Ysleta Lutheran Mission Human Care

This form must be completed by each participant. We encourage the group leader to keep a copy for emergency purposes. If a Participant is under 18, this form must be signed by parent or guardian, as well as notarized.

**Please type or print legibly in ink.**

Participant Name: \_\_\_\_\_ Under 18?    Yes            No

Are you a Pastor with the LCMS?    Yes            No

Are you an Amigos de Ysleta (a recurring donor towards the ministries of YLM)?    Yes            No

Servant Event Participants are always seeking to see how else they can help. Share any specific skills/talents you have that could help further the mission of YLMHC (e.g.: plumbing, roofing, electrical, grant writing, project management, graphic design, etc.?)

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Birth Date: \_\_\_\_/\_\_\_\_/\_\_\_\_                      Male                      Female

Home Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

E-Mail Address: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

If under 18, custodial parent/guardian's name(s): \_\_\_\_\_

Home Address (if different from above): \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Health Plan Carrier: \_\_\_\_\_

Name of Insured: \_\_\_\_\_

Relationship to Participant: \_\_\_\_\_

Policy Holder or Insurance ID Number: \_\_\_\_\_

Family Doctor: \_\_\_\_\_ Office Phone: \_\_\_\_\_

Family Dentist: \_\_\_\_\_ Office Phone: \_\_\_\_\_

Second parent or emergency contact person: \_\_\_\_\_

Relationship to Participant: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Please specify if there are any health insurance precertification, notification, or other requirements that may be needed for the participant: -

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For the following questions, select yes or no. If yes, please explain in the space given.

Does the participant have or suffers from:

Headaches	Yes	No
Seizures	Yes	No
Motion Sickness	Yes	No
Fainting	Yes	No
Sleep Walking	Yes	No
Upset Stomach	Yes	No
Other	Yes	No

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Does participant have allergic reactions to the following:

Bee Sting	Yes	No	
Penicillin	Yes	No	
Latex	Yes	No	
Poison Ivy, oak, sumac	Yes	No	
Other	Yes	No	
Certain Foods	Yes	No	Specify:
Other Drugs	Yes	No	Specify:

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Has the Participant had any serious illness or surgery within the past three years? Yes No

Does the Participant have any condition that would prevent him/her from participating in any Servant Event activities? Yes No If yes, please list:

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Is the participant diabetic?	Yes	No	
Are any drugs ineffective in treatment?	Yes	No	Specify:
Does he/she have any sight or hearing impairment?	Yes	No	Specify:
Does the Participant wear contact lenses or hearing aids?	Yes	No	Specify:

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Date of Last Tetanus Shot: \_\_\_\_/\_\_\_\_/\_\_\_\_

**\*Note:** A current Tetanus Shot within the last ten years is required

Please indicate anything else the Servant Event Facilitators and Group Leaders should know to help avoid or to aid Participant with any medical/health situations that might arise:

For Participants age 18 and over:

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Name	Date	Witness
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For Participants under age 18:

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Name of Parent/Guardian	Date	Witness
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## COVID-19 RELEASE

Without limiting the generality of the Medical Liability Form, I acknowledge and agree as follows: Ysleta Lutheran Mission Human Care (YLM) has put in place preventive measures to reduce the spread of COVID-19; however, YLM cannot guarantee that any Participant will not become infected with COVID-19. Therefore, on behalf of myself and my heirs, executors, and assigns, I understand, acknowledge and agree as follows:

- a) COVID-19 has been declared a worldwide pandemic by the World Health Organization; and COVID-19 is extremely contagious and is believed to spread mainly from person-to-person contact;
- b) Federal, state and local governments and health agencies recommend social distancing and have, in many locations, prohibited the congregation of groups of people, among other preventative measures;
- c) YLM encourages for all Participants to be fully vaccinated prior to their time at YLM;
- d) Participating in YLM-sponsored activities could increase the risk of contracting COVID-19 for me and those I come in close contact with;
- e) I voluntarily and knowingly assume the risk that I may be exposed to or infected by COVID-19 by volunteering for YLM or participating in YLM-sponsored or YLM-related activities, and that such exposure or infection may result in personal injury, illness, permanent disability and death;
- f) I am voluntarily participating in YLM-sponsored or YLM-related activities and/or volunteering for YLM for my personal benefit and the value of such benefit is sufficient consideration for my voluntary execution of, and compliance with, this Participant Information, Acknowledgment, Assumption of Risk and Release;
- g) YLM cannot and does not accept any (and expressly disclaims all) responsibility for my safety and well-being while I am volunteering for YLM or participating in any YLM event or activity;
- h) I voluntarily acknowledge and agree to assume all risks related to COVID-19 and I accept sole responsibility for any injury to myself (including, but not limited to, personal injury, disability and death), illness, damage, loss, claim, liability or expense, of any kind, that I may experience or incur in connection with my volunteering for YLM and/or participation in YLM-sponsored or YLM-related activities ("Claims"); I release, covenant not to use, discharge and agree to hold against the Claims, including all liabilities, claims, actions, damages, costs or expenses of any kind arising out of or relating thereto, and
- i) The foregoing release includes any Claims based on the actions, omissions or negligence of YLM, its employees, agents and representatives, whether a COVID-19 infection occurs before, during or after my volunteering for YLM and/or my participation in any YLM-sponsored or YLM-related activities.

\_\_\_\_\_ (Print Name)                      \_\_\_\_\_ (Date)

\_\_\_\_\_ (Signature)

**Liability Release Form**  
**Ysleta Lutheran Mission Human Care**

This form must be completed by all Participants. Copies of each form should be mailed to Ysleta Lutheran Mission Human Care and copies should be carried with the group leader. This form must be signed by the parent or guardian of Participants under 18 years of age. **Please type or print legibly in ink.**

I understand that the Servant Event for which this medical consent and liability/activity release form is being given is described as follows:

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(Give description of Servant Event project/activities, including location, dates, sponsoring church/organization, and activities, particularly any hazardous activities)

I hereby consent to participation of myself (or of my child) in the above-described Servant Event. I am aware that in addition to activities such as Bible study, worship, sight-seeing, and meal functions, the Participant may be asked to participate in various servant activities that may involve additional risks, such as \_\_\_\_\_ . I understand that I have a duty to provide primary accident and medical insurance for myself (or my child) and I declare that I am (or my child) covered by primary accident and medical insurance. I give permission for any pictures or videos taken during the event to be used in publications by Ysleta Lutheran Mission Human Care, the employees or volunteers thereof, or the LCMS Department of Youth Ministry.

I RELEASE AND FOREVER DISCHARGE \_\_\_\_\_  
(NAME OF HOME CONGREGATION/ORGANIZATION), AND YSLETA LUTHERAN MISSION HUMAN CARE, SAN PABLO LUTHERAN CHURCH, THE LUTHERAN CHURCH-MISSOURI SYNOD, AND THE ROCKY MOUNTAIN DISTRICT, THEIR AGENTS AND SERVANTS, SUCCESSORS, ASSIGNS, DIRECTORS, TRUSTEES, OFFICERS, EMPLOYEES, VOLUNTEERS, AND OTHER REPRESENTATIVES FROM ANY AND ALL DAMAGES OF MY (OR MY CHILD'S) PERSON OR PROPERTY DURING THE PARTICIPATION IN, ATTENDANCE AT, AND TRAVEL TO AND FROM THE SERVANT EVENT LOCATION.

FURTHERMORE, I DO HEREBY EXPRESSLY STIPULATE, AND AGREE TO IDEMNIFY AND HOLD FOREVER HARMLESS, THE \_\_\_\_\_ (NAME OF HOME CONGREGATION/ORGANIZATION), YSLETA LUTHERAN MISSION HUMAN CARE, SAN PABLO LUTHERAN CHURCH, THE LUTHERAN CHURCH-MISSOURI SYNOD, AND THE ROCKY MOUNTAIN DISTRICT, THEIR AGENTS AND SERVANTS, SUCCESSORS, ASSIGNS, DIRECTORS, TRUSTEES, OFFICERS, EMPLOYEES, VOLUNTEERS, AND OTHER REPRESENTATIVES AGAINST LOSS FROM ANY AND ALL PRESENT OR FUTURE CLAIMS, DEMANDS, OR ACTIONS IN LAW OR IN EQUITY THAT MAY HEREAFTER BE MADE OR BROUGHT BY ME OR MY CHILD, BY ANYONE ON BEHALF OF ME OR MY CHILD, OR ANYONE ELSE ON THEIR OWN BEHALF, FOR DAMAGES OR ANY OTHER LEGAL





## Servant Event Covenant

### Ysleta Lutheran Mission Human Care

- ❖ I will come prepared to work hard, play hard, and be a servant!
- ❖ I will conduct myself in a manner that brings honor to God.
- ❖ I will try to grow in my understanding for what being a servant of Christ is all about, both through prayer and through meeting with the group and our group leader.
- ❖ I will remember that I come as a servant, not as a savior, and I will be learning along the way.
- ❖ I will treat the people in El Paso and Mexico, and my fellow Servant Event participants, with Christian love, care, understanding, and respect always.
- ❖ I will gladly participate in each component of this event (Bible class, Bible study, worship, group activities, work projects, etc.)
- ❖ I will *not use* any type of illegal drugs (including alcohol and cigarettes/vaping if underage) during this Servant Event.
- ❖ I will try to find the good in all people and all situations, putting the best construction on everything, and realizing our differences make us unique and special in the eyes of God.
- ❖ I will honor those whom God has called as leaders and joyfully follow their instructions.
- ❖ I will try my best to be a part of another culture, despite the fact it is different from what I am used to.
- ❖ I will be joyfully flexible, joyfully flexible, joyfully flexible!

After reading and agreeing with the articles above, I sign this document in the presence of my fellow servants and leaders, praying God will give me the strength and wisdom to carry them out.

Participant's Signature \_\_\_\_\_ Date \_\_\_\_\_