

WMU of Texas

Women's Build Application for 2022

www.wmutx.org | 10325 Brockwood Rd, Dallas, TX 75238 | 214.828.5150 | wmutx@texasbaptists.org

(Includes Waiver and Release and Women's Build Participant Guidelines)

1. Please bring ONE copy of this document to registration. *We encourage you to keep a photocopy for yourself to have with you in case of an emergency at the project site.*
2. Attach a photocopy of your insurance card.
3. Return application with \$300 (cash or check) by September 15, 2022 to WMU of Texas with the address:
WMU of Texas
Women's Build Project
10325 Brockwood Road, Dallas, TX 75238

*If you have any questions regarding scholarships, you can contact WMU for scholarship information at (214) 828-5150 or wmutx@texasbaptists.org.

Please circle which week you would like to volunteer:

1. **Week One:** October 16 – October 21
2. **Week Two:** October 20 – October 25

| | |
|---|---|
| Participant's Info: First & Last Name: _____ Gender: ___ Male ___ Female DOB: ___/___/_____ Age: _____ T Shirt Size: _____ Language(s) you speak: _____ _____ | Participant's Address: Street Address: _____ City: _____ State: _____ ZIP: _____ Participants email: _____ Cell #: (_____) _____ Home #: (_____) _____ Work #: (_____) _____ |
| Emergency Contact Info (provide two): Name: _____ Relationship: _____ Cell #: (_____) _____ Home #: (_____) _____ Work #: (_____) _____ | Church Information: Church Name: _____ Church Pastor's Name: _____ Church Address: _____ City: _____ ST: _____ ZIP: _____ Association: _____ |

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Travel Plans (*attach any travel plans such as flight details*):

Arrival Date: _____

___ I will be driving

___ I will be flying (please provide airport location and time of arrival: _____)

Departure Date: _____

___ I will be driving

___ I will be flying (please provide airport location and time of departure: _____)

Medical Info (*participants must have medical insurance*):

Generally, the participant's health is: (Check One) Excellent Good Fair Poor

If Fair or Poor, please explain the condition: _____

List any medical difficulties which are currently being treated: _____

Check any of the following that cause you problems & explain: _____

Asthma Sinusitis Bronchitis Kidney Trouble Heart Trouble Diabetes Dizziness Stomach Upset Hay Fever

List any medicines or substances to which you are allergic: _____

List any previous operations or serious illnesses: _____

List any medications you are currently taking: _____

List any special diet or special needs: _____

What restrictions would hinder your effectiveness as a team member (*regarding your physical strength and endurance*)?: _____

Childhood Diseases: Chickenpox Measles Mumps Whooping Cough Other: _____

Date of Tetanus Immunization: ____/____/____

Family Physician: _____ Phone #: (____) _____

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Medical Insurance Info:

Insurance Company: _____ Policy #: _____

Subscriber Name: _____ Subscriber Number: _____

Employment: _____

Subscriber Occupation: _____ Work Phone #: (_____) _____

Beneficiary to Accident Ins: _____

Evaluate your construction experience (*check all that apply*):

_____ Some unsupervised experience

_____ around the house

_____ Experienced or helped others

_____ Measure accurately

_____ Hang windows

_____ Roof-shingle

_____ Paint

_____ Cut lumber

_____ Mix concrete

_____ Other construction projects (list) _____

_____ Crew leader (responsibility) _____

_____ Skilled in _____

_____ Professional (specialty) _____

_____ Hang wallpaper

_____ Install electrical wiring

_____ Apply siding

_____ Carry tools

_____ Install carpeting

_____ Plaster

_____ Other

_____ Use power saw

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WOMEN'S BUILD PARTICIPANT GUIDELINES

To be a participant of this project, I understand that I must:

- *Be a Christian committed to sharing the Good News of Jesus Christ.*
- *Arrange for my own transportation to Mission, Texas.*
 - Meals are furnished.
 - Lodging (double occupancy – roommate will be selected for you if not designated) at:
2022 Accommodations: Valley Baptist Retreat Center, 1600 US-83 Business, Mission, Texas 78572
 - Preferred roommate: _____
 - If you desire a single room, please contact us at 214.828.5150 to discuss your increased cost.
- *Commit to the week-long project. Here is the schedule:*
 - Arrive for a team meeting. Team 1 on Sunday, Oct 16 or Team 2 Thursday, Oct. 20 at 7:30 pm.
 - Arrive at the job site by 6:30 am for devotional and safety briefing.
 - Work until 6:30 pm each day (taking breaks as needed)
 - Team members are free to travel home Friday evening, Oct 21 or Tuesday evening, Oct 25
 - Working conditions are primitive (the only restroom is a port-a-potty)
- *Be covered by own personal health/accident insurance.*
 - Insurance company _____
 - Policy # _____
- *Provide some personal tools if possible. For those flying, this may be difficult. Some tools will be provided.*
- *Cooperate with team leader and members.*
- *Follow directions of building supervisor.*

PARTICIPANT SIGNATURE: _____ DATE: _____

PARENT/GUARDIAN SIGNATURE: _____ DATE: _____

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WOMEN'S BUILD WAIVER AND RELEASE

Participant wishes to work as a volunteer in the project and project-related activities (the "Activities") and assumes all risks relating to participation in the Activities. It is the sole responsibility of Participant to ensure that he/she is qualified to participate and to use safe worksite practices under the supervision of a crew chief and/or other adult(s). By volunteering in the Activities, the Participant acknowledges he/ she understands the rules and guidelines and will comply with all the rules and regulations, and if the Participant observes any unusual or unnecessarily hazardous during his/her service, the Participant will bring such hazard to attention of the nearest coordinator or project adult leader as soon as is practical.

In consideration of Participant's opportunity to participate in the Activities, I, the undersigned Participant, (and, if Participant is a minor, I, the undersigned Parent/Guardian on behalf of Participant and himself/herself) agree to the following:

I acknowledge that the Activities may include such things as painting, roofing, installing doors, installing windows, building porches, constructing wheelchair ramps, conducting cleanup activities, scraping paint, removing debris from the work site and gathering of people and that these Activities have inherently dangerous elements and involve risks, including but not limited to climbing ladders, nailing nails, scraping paint, carrying heavy building supplies, using power tools, exposure to viruses and working in extreme *seasonal* temperatures **I UNDERSTAND THAT THE ACTIVITIES INVOLVE RISKS AND DANGERS WHICH COULD RESULT IN SERIOUS BODILY INJURY, INCLUDING PERMANENT DISABILITY, PARALYSIS, SICKNESS AND DEATH AND I ASSUME THE RISK OF INJURY, SICKNESS, HARM OR DEATH.** I know of no medical reason why I should not participate. I understand that I am not required to participate in the Activities and that if I am uncomfortable engaging in the Activities I can stop at any time.

I, for myself, Participant, our assigns, representatives, heirs and executors (collectively, "Participant Parties"), hereby accept all risks, known and unknown to Participant's health and of Participant's injury or death that may result from participation in the Activities. I, for myself, Participant and for the Participant Parties, hereby voluntarily hold harmless and release, waive, discharge, indemnify and covenant not to sue Baptist General Convention of Texas ("BGCT"), its officers, directors, employees, volunteers, agents, representatives, successors and assigns and anyone acting in concert with BGCT ("BGCT Parties") of and from all claims, demands, causes of action, damages, injuries or liability of any kind or nature whatsoever arising out of, or in any way connected to or with Participant's participation in the Activities (including, without limitation, Participant's use of transportation, whether provided directly or indirectly by the BGCT Parties, or any of them, to or from any Activities), **even though the claim or liability may arise out of the negligence, fault or**

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carelessness on the part of the WMU OF TEXAS Parties, or any of them, or any third party, whether foreseen or unforeseen, known or unknown.

Medical Release. In the event of Participant's sickness or injury, I authorize and grant the WMU OF TEXAS Parties the authority to seek medical care for Participant, including but not limited to, such medical and surgical treatment or procedures as the treating physician chosen by the WMU OF TEXAS Parties, or any of them, may, in such physician's sole determination, deem necessary or advisable. I authorize the WMU OF TEXAS Parties to transport Participant or arrange transportation for Participant to appropriate medical facilities and to share Participant's personal information with such facilities or personnel at such facilities. I certify that I have adequate insurance to cover injury to or illness of Participant, including all medical and surgical costs incurred by the WMU OF TEXAS Parties on Participant's behalf and I assume full responsibility for all medical bills incurred on Participant's behalf.

Photo Release. I grant WMU OF TEXAS Parties permission to use Participant's image, likeness and voice and name in connection therewith in a photograph, video, audio, electronic format or other digital or analog media or any other copying or recording medium still or moving (collectively, the "Image") in any medium (Including without limitation, publications such as web-based publications, the internet, web pages, emails, film, television, radio, video tapes, DVD, CD-ROM and others) without payment or other consideration. I waive any right to royalties or other compensation arising or related to the use of the Image.

Indemnification. I, or Participant, as applicable, agree to indemnify and hold harmless WMU OF TEXAS Parties from any and all liabilities, claims, demands, injuries (including death, or damages), including court costs and attorneys' fees and expenses arising from any injury, property damage, sickness or death that Participant may suffer as a result of Participant's participation in the Activities and the injury or death of any person(s) and damage to property that may result from Participant's negligent or intentional act or omission while participating in the Activities.

I hereby expressly agree that this Liability Release and Indemnification Agreement (the "Agreement") is intended to be as broad and inclusive as permitted by law and that if any portion hereof is held invalid, it is agreed that the balance, notwithstanding, continue in full legal force and effect. I have read and fully understand this Agreement. I understand that I am waiving valuable legal rights by signing this Agreement and am aware of its legal consequences. I have signed this Agreement freely and voluntarily, and I knowingly accept all the terms and conditions as set forth above. I am at least eighteen (18) years of age and fully competent. IN WITNESS WHEREOF, Participant or Participant's parent or legal guardian, as applicable, has read and executed this Release and Waiver as of the day and year set forth below.

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WOMEN'S BUILD WAIVER AND RELEASE

Please sign below to acknowledge the participant has read and understood the above wavier and release.

Each participant must sign the Women's Build Waiver and Release.

Participant's Signature: _____ Date: ___/___/___

Parent/Guardian Signature (if Participant is a minor): _____

Phone: (_____) _____ Date: ___/___/___