

NON-INSURED PARTICIPANT FORM

I, _____, will be attending the Reach Workcamp located in

(Participant Name)

_____ scheduled for _____ through _____, 2011.

(Camp Location)

(Start Date)

(End Date)

I hereby acknowledge that I currently **do not** have health insurance coverage. In full recognition of the activities set forth by Reach Workcamps, I take full and complete responsibility for all medical related expenses including, but not limited to, transportation to and from the worksites, all home repair projects, Reach programmed activities, and unscheduled time at or around the host school. I will not hold Reach Ministries, Reach staff, other participants, the host school, school staff, home owners, or any other person/s associated with the workcamp responsible in whole or in part for any health related expenses incurred while at the workcamp. I am fully responsible for all personal health needs.

Participant: _____

Date: _____

Participant's Parent: _____

Date: _____

(If Participant is a Minor)

Church ID: _____

(ex. 11PRGCOPWV1)