

ST. NICHOLAS GREEK ORTHODOX CATHEDRAL

ΕΛΛΗΝΙΚΟΣ ΟΡΘΟΔΟΞΟΣ ΚΑΘΕΔΡΙΚΟΣ ΝΑΟΣ ΑΓΙΟΥ ΝΙΚΟΛΑΟΥ

RETURNING MINISTRY VOLUNTEER PACKET

1. St. Nicholas Waiver/Complete Release of Liability,
Medical Treatment & Photo Authorization
2. Current Stewardship Commitment Form

**** Packet to be completed for all returning St. Nicholas Ministry Volunteers and turned into the church office prior to beginning of Ministry year; otherwise, if later in the ecclesiastical year, packet turned in *one month prior* to expected date of volunteering**

IMPORTANT NOTE:

Please provide a copy of your current Driver's License and Health Insurance Card (front and back) when turning in your packet

Participant's Name: _____

ST. NICHOLAS CATHEDRAL WAIVER AND COMPLETE RELEASE OF LIABILITY, MEDICAL TREATMENT AND PHOTO AUTHORIZATION

In consideration of the ST. NICHOLAS GREEK ORTHODOX CATHEDRAL, INC. (which entities, together with all of the ministries and facilities that comprise a part of the Greek Orthodox Metropolis of Atlanta, are collectively defined herein as the "Church") furnishing or making available services, property, camp site, housing, transportation, supervision, activities, resources, supplies, travel to/or from functions or events, programs and equipment to enable the undersigned participant (the "Participant") to participate in Church religious, social, cultural, athletic or other activities, services, programs and events (collectively, the "Church Events"), and for other good and valuable consideration, the receipt and sufficiency of which are hereby acknowledged, the undersigned Participant and the undersigned legal Guardian of Participant, on behalf of themselves, and their respective children, representatives, executors, heirs, beneficiaries and successors (all of the foregoing being collectively defined as the "Undersigned") fully and unconditionally agree as follows:

I. The Undersigned fully understand, acknowledge and agree that:

- (a) all indoor or outdoor Church Events have inherent risks, dangers, hazards and exposures (collectively defined as the "Dangers");
- (b) participation in Church Events and/or use of Church owned, borrowed or leased equipment, facilities, real or personal property, buildings, or spiritual, residential or recreational items, properties or equipment (collectively defined as the "Church Property and Equipment") may result in injury, illness, sickness, disease, strains, breaks, fractures, partial and/or total paralysis, death or other ailments or injuries that could cause serious disability (all of the foregoing being collectively defined as the "Injuries");
- (c) these Dangers or Injuries may be caused by: (i) accidents, the forces of nature, foreseeable or unforeseeable causes, or other causes; or (ii) the actions, omissions or negligence of other participants in Church Events or other individuals or entities; or (iii) the actions, omissions or negligence of any Church Youth Director, Church Event chaperons or leaders, clergy or other Church Council members, parishioners, agents, subcontractors, officers, volunteers or employees of the Church (all of the foregoing individuals being collectively defined as the "Church Officials"); and
- (d) by the participation by any of the Undersigned in Church Events or use of Church Property and Equipment, the Undersigned hereby assume all risks and Dangers and all responsibility for any and all Injuries, Dangers, losses and damages, which occur or arise there from, whether caused in whole or in part by the actions, omissions or negligence of any of the Church Officials, the Church or any other person or entity.

II. The Undersigned Participant and Guardian, on behalf of all of the Undersigned, including their respective children, representatives, heirs, beneficiaries and successors, hereby voluntarily release, waive, discharge, hold harmless, defend and indemnify the Church, and all Church Officials, from any and all Injuries, Dangers, lawsuits, other proceedings, claims of any kind, actions or losses of any kind, including without limitation those for bodily

injury, Injuries, property damage, wrongful death, loss of services or otherwise, which might arise out of use of the Church Property and Equipment or participation in, or travel to any Church Events or Church Property and Equipment. The Undersigned specifically understand and agree that the Undersigned are releasing, discharging and waiving, without limitation, any claims or actions that the Undersigned may have presently or in the future for the negligence, actions, omissions or other conduct by Church or any or all of the Church Officials in connection with Church Events or Church Property and Equipment.

III. The Undersigned also hereby represent that the Participant is in good physical and mental condition and is capable of participating in outdoor and indoor recreational activities and programs all without incident or problem of any kind, including, but not limited to, swimming, diving, boating, ropes courses, climbing activities, basketball, volleyball and other sports and adventure activities. The Undersigned accept all responsibility for Participant's physical well being and health and the results of the Undersigned's participation in any such activities or Church Events.

V. THE UNDERSIGNED HAVE READ THIS WAIVER AND RELEASE AND BY SIGNING IT AGREE THAT IT IS THE UNDERSIGNED'S INTENTION TO FULLY AND COMPLETELY RELEASE, EXEMPT, RELIEVE AND HOLD HARMLESS THE CHURCH AND ALL CHURCH OFFICIALS FROM ANY LIABILITY OR OTHER CLAIM OF ANY KIND FOR ANY INJURIES, DANGERS, PERSONAL INJURY, PROPERTY DAMAGE, OR WRONGFUL DEATH CAUSED BY NEGLIGENCE, ACTIONS, OMISSIONS OR OTHERWISE IN ANY WAY RELATED TO CHURCH EVENTS OR CHURCH EQUIPMENT.

VI. Any Church Official may seek whatever medical attention or treatment he or she believes the Participant may need, including, without limitation, having them see a doctor or other professional at a hospital, clinic, other medical facility or at Church Events (collectively defined as the "Medical Professionals"), and any Medical Professionals may treat the Participant and provide whatever medical attention or treatment they believe the Participant requires or could benefit from (the "Medical Treatment").

Participant's Name: _____

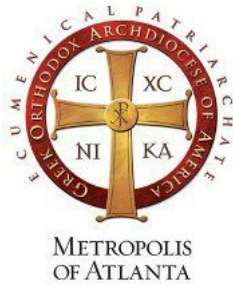
VII. The Undersigned Guardian and Participant (if of legal age) will remain completely financially responsible and liable (regardless of whether or not he or she has insurance) for any and all costs, fees or expenses associated with any such Medical Treatment, and the Guardian and Participant (if of legal age) will promptly reimburse and indemnify the Church, any Church Official and/or the Medical Professionals for any costs, fees, expenses or claims of any kind they may incur in obtaining such Medical Treatment for the Participant; provided, however, that nothing herein shall obligate the Church or Church Official to incur any such costs, fees or expenses or seek such Medical Treatment, and nothing herein shall supersede, limit or conflict with any Waivers, Releases or Hold Harmless Agreements

that may be executed in favor of any of the Church or any Church Officials in this or any other document.

VIII. Representatives and authorized contractors of the Church are hereby authorized to take and record photographs, videotape or other images, and or make audio, video or other recordings, of Participant and Participant's activities at or involvement in Church Events, or using Church Property and Equipment, solely for use by the Church in its brochures, newsletters, video tapes, recordings, web sites and other promotional material or items to promote the Church or Church Events, all without any remuneration to Participant, Guardian or the Undersigned

All of the above provisions are accepted and agreed to as of: _____ (date)

<u>"UNDERSIGNED"</u>			
_____ Participant's Signature	_____ Participant's Address		
_____ Participant's Printed Name	_____ City	_____ State	_____ Zip
	_____ Home Phone	_____ Cell Phone	
_____ Guardian's Signature <i>(if Participant is less than 18years old)</i>	_____ Guardian's Address (if different)		
_____ Guardian's Printed Name	_____ City	_____ State	_____ Zip
	_____ Home Phone	_____ Other Phone	
<u>Emergency Contact Information:</u>			
NAME: _____			
ADDRESS: _____			
CITY: _____	STATE: _____	ZIP: _____	
HOME PHONE: _____	CELL PHONE: _____	WORK PHONE: _____	
EMAIL ADDRESS: _____			



ST. NICHOLAS GREEK ORTHODOX CATHEDRAL

2018 STEWARDSHIP COMMITMENT FORM

“AS SOON AS THE COMMANDMENT WAS CIRCULATED, THE CHILDREN OF ISRAEL BROUGHT IN ABUNDANCE THE FIRST FRUITS OF GRAIN AND WINE, OIL AND HONEY, AND OF ALL THE PRODUCE OF THE FIELD; AND THEY BROUGHT IN ABUNDANTLY THE TITHE OF EVERYTHING.”

2 CHRONICLES 31:5

HEAD OF HOUSEHOLD

Sal _____ First Name: _____ Last Name: _____

Birth Date: ___ / ___ / ___ Have you been confirmed in the Orthodox Faith? Y / N Baptismal Name: _____

Email Address: _____ Would you like us to add your email address to our weekly newsletter? Y / N

Home Phone: _____ Cell Phone: _____ Occupation: _____

Address: _____ City: _____ State: _____ Zip: _____

FAMILY INFORMATION

Spouse First Name (if applicable): _____ Last Name: _____

Were you married in the Orthodox Church? Y / N Phone: _____ Occupation: _____

Birth Date: ___ / ___ / ___ Have you been confirmed in the Orthodox Faith? Y / N Baptismal Name: _____

Email Address: _____ Would you like us to add your email address to our weekly newsletter? Y / N

Children 18 years and older must each submit separate stewardship form. Additional children under 18 may be included on a separate sheet

Child's Name: _____ Baptismal Name: _____ Birth Date: ___ / ___ / ___

Child's Name: _____ Baptismal Name: _____ Birth Date: ___ / ___ / ___

Child's Name: _____ Baptismal Name: _____ Birth Date: ___ / ___ / ___

STEWARDSHIP PLEDGE AMOUNT _____ PER YEAR / _____ PER MONTH

Method of payment. Check one:

_____ Online via PayPal - go to www.stnicholastarpon.org/stewardship for link

_____ Check - please enclose your first payment with this form and mail remaining payments to the parish office

_____ Monthly credit card payments

Name on card: _____ Card Number: _____

Expiration date: ___ / ___ / ___ Sec. Code: _____ Card Type: ___ Visa ___ Master Card ___ Discover ___ AMEX

What are your gifts? Where can you dedicate your time and talents? Check all that apply:

- | | | | |
|----------------------------|----------------------------|---------------------|---------------------------|
| _____ Epiphany Celebration | _____ Pre- School | _____ Choir | _____ HOPE |
| _____ Welcome Committee | _____ Greek School | _____ Youth Choir | _____ GOYA |
| _____ Festival | _____ Sunday Church School | _____ Altar Servers | _____ Young Adult Leaders |
| _____ Stewardship | _____ Bible Study | _____ Philoptochos | _____ Transportation Help |
| _____ Office Support | _____ Greek Dance Ministry | _____ Soup Kitchen | _____ Bookstore |

Signature _____ Date _____