

Serving the needy souls
of the world while we
increase empathy and
decrease apathy in our
student members
training to become
servant-leaders

Serving Other Souls, Inc.

1620 Harvest Hill Drive

Pittsburgh, PA 15239

Web: www.servingothersouls.org

Email: servingothersouls@gmail.com

Phone: 412-496-8994

501(c)3 Non-Profit Organization EIN #:45-3541551



Medical Waiver Form

SOS Member _____

SOS Jr High Mission trip _____ SOS Sr. High Mission Trip _____ (select trip with X)

Parent Consent and Waiver of Responsibility

In consideration of Serving Other Souls, Inc. acceptance of the SOS member named above to attend the SOS Mission Trip as a student at the Mission trip named above, the camper by and through his/her parent or legal guardian hereby acknowledges, understands and agrees to the following: Mission trips require work that is sometimes of intense labor where children will be working in areas with tools and equipment that could cause bodily injury. As parent(s) or legal guardian(s), we have been informed that only adults will be using power tools and dangerous equipment on mission trip work sites, but each child could be asked to carry items or interact with items that may have sharp edges, exposed nails, or broken glass. As parent(s) or legal guardian(s), we have been informed that for this reason, all students will be required to have work gloves, wear closed toe shoes (boots if possible), wear pants and shirts that cover their arms and legs while on the work site, and wear a pair of protective glasses. Further, we the parent(s) or legal guardian(s) have been informed that there is an assumption of risk for anyone who participates in mission work that may including demolishing room or building, building room or building, building a deck, painting, yard work, or any other various forms of work that may need completed for the needy that the Mission trip is serving. The understanding on behalf of themselves and their child or ward agrees to hold harmless Serving Other Souls; Inc., Unity Presbyterian Church; the owner, Board of Directors, and volunteers of Serving Other Souls; and employees of Unity Presbyterian Church from and against any injuries incurred by the camper. The understanding hereby releases, waives, and forever discharges Serving Other Souls, Inc. or any of its agents from and against any and all claims, injuries, demands, actions, or causes of actions arising out of participation in the SOS Mission Trips. The understanding hereby grants permission for doctors and their designs to administer appropriate medical care, antigens, or injuries, and to perform emergency procedures as necessary.

Parent or Legal Guardian Signature and Date

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SOS Member Name: _____

Medical Information

Insurance Company: _____ Policy/Group #: _____ ID#: _____

City: _____ State: _____ Zip: _____

Medical History or Important Health Issues SOS should know about:

Parent(s)/Guardian(s) Name(s): _____

Address: _____

City: _____ State: _____ Zip: _____

Phone Number 1: _____ Phone Number 2: _____

Emergency Contact: _____

Emergency Contact Phone Number: _____

Please include a copy of the front and back of your insurance card