

STUDENT ACTION NEEDED

- Secure your parents' permission
- Email your response to whether or not you will be joining us this summer within the next 72 hrs to the person who accepted you. Please take time to read ALL the information and pray about your decision. Any further questions can be directed to:
Men: Scott.Roe@uscm.org, Mark.Brockberg@uscm.org or Ward.Schmeidel@uscm.org
Women: Becky.Broschat@uscm.org or Londa.Wagner@uscm.org
- If you decide to join us on the project, return the following information as soon as possible; no later than two weeks from receipt of this packet
Response card
Liability Release Agreement Form
\$200 nonrefundable deposit Payable to Campus Crusade for Christ
SEND TO: Ward Schmeidel / NMB Project
Campus Crusade for Christ
1021 Hennepin Ave Suite 300
Minneapolis, MN 55403
- Check out the project web page: www.nmbssp.com, and click on the link to join the North Myrtle Beach Summer Project 2012 Facebook group – search for “North Myrtle Beach Summer Project 2012”.

RESPONSE CARD

NAME _____
ADDRESS _____

PHONE _____

**Please write out either
"YES, I am coming!" or
"NO, I am not coming"
on the line below.**

By signing this slip and returning it along with the \$200 non refundable deposit, I commit myself to arrive on the project on May 23 and to leave on August 4. I understand that I am expected to cover the baseline project cost of \$2,690 upon arrival at project. I agree to abide by all project policies and to submit myself to the project leadership. My parents have agreed to let me come.

Write out intention: _____

(Signature) _____

Make checks payable to "Campus Crusade for Christ"

****This must be postmarked within two weeks of acceptance! ****

RECREATIONAL ACTIVITY LIABILITY RELEASE AGREEMENT
(18 years of age or older)

I, _____ (herein "Participant"), wish to participate in a recreational activity (herein the "Activity") sponsored by _____ The Campus Ministry _____, a ministry of Campus Crusade for Christ, Inc., a California non-profit religious corporation (herein the "Ministry"). This Activity is scheduled to take place from May 23 _____, 2012 to August 4 _____, 2012.

Ministry and Participant agree that the Activity poses potential **Risks**. "**Risks**" include, but are not limited to, the following: Encountering or experiencing sickness, illness, disease, accident, injury or damage to Participant's person or personal property, or even death both during Activity and while traveling by plane, bus, train, car, truck, van or any other vehicle to and from the Activity location; Any and all inherent risks associated with travel or participating in Activity; Loss or destruction of Participant's personal property; Head trauma; Broken bones; Injury to or loss of limbs; or Medical complications related to a pre-existing condition of which Ministry was unaware.

For and in consideration of Ministry allowing Participant to participate in the Activity and other good and valuable consideration the receipt and sufficiency of which is acknowledged, Participant and Participant's personal representatives, assigns, heirs, distributees, guardians and next of kin (herein the "Releasors") release, waive, discharge and covenant not to sue Ministry and its officers, employees, and agents (herein the "Releasees"), from all liability to the Releasors, on account of injury to Participant or death to Participant or injury to the property of Participant, **whether caused by the negligence of Releasees or otherwise**, while Participant is participating in the Activity.

Participant is fully aware of the Risks and other hazards inherent in the Activity and voluntarily assumes the Risks and all other risks of loss, damage, or injury that may be sustained by Participant while participating in the Activity.

Participant acknowledges that as a part of this Release he/she shall be 100% liable to pay for all medical expenses resulting or to result from any injury incurred during, or as a result of, participation in the Activity.

Furthermore, Participant understands that Participant's voice or image may be recorded at this Activity or in travel to and from the Activity location. Participant irrevocably grants to Ministry the perpetual, royalty-free license and permission to use, reuse, publish, republish Participant's voice, likeness and photograph, and to the extent provided by Participant, name and biography, as included in video or audio recordings or photographs from the event, in whole or in part, at Ministry's sole discretion, in conjunction with the Ministry Uses and promotion thereof. Ministry Uses include, but are not limited to, DVDs, photographs, cassettes, compact discs, transcripts and publications in written, electronic, digital and other formats now existing or later developed for sale, license, distribution, transmission or posting or download from the Internet.

Participant warrants that he/she has fully read and understands this Liability Release Agreement and voluntarily signs the same, and that no oral representations, statements or inducements apart from the foregoing written agreement have been made to Participant.

CAUTION: READ BEFORE SIGNING

Date: _____

(Signed- Participant)

(Please Print Name)

(Signed- Witness)

(Please Print Name)

Questions? Call Risk Management Department at (407)826-2152

Mail Completed form to:
Ward Schmeidel
Campus Crusade for Christ
1021 Hennepin Ave. Suite 300
Minneapolis MN 55403

Keep a copy for your own records.



CAMPUS CRUSADE FOR CHRIST
Building Spiritual Movements Everywhere

Medical History Form
(Adult / Over 18 years old)

Date: _____

Name: _____

Emergency Contact:

Name: _____

Phone Numbers: _____

Name of primary care physician: _____

Phone number: _____

Name of Health Insurance Provider: _____

Policy Number: _____

Medical conditions: _____

Allergies: _____

Current Medications: _____

Physical Impairments: _____

Other Pertinent Information: _____

PROJECT INSURANCE

As a project participant, you will automatically be enrolled in the secondary insurance policy described below. The cost of this insurance is included in your baseline project cost. Instructions for filing a claim can be found at www.nmbssp.com. Contact project Operations Direction if you have questions.

1. What is Project Insurance?

Project Insurance is a secondary medical and accidental death & dismemberment policy that is intended to augment the your own primary medical insurance through school, parents, or yourself. If you do not have any existing insurance coverage then Project Insurance would serve as your primary policy.

Please be aware that it is limited in scope; the *Project Participant should be prepared to pay up front*, with cash or credit card, for any emergency medical expenses that may arise. You would then file a claim for reimbursement with your own health insurance company and/or Chartis.

2. What does it cover?

Plan Provisions:	
Eligibility	All Non-Staff Participants in domestic or international summer projects.
Principal Sum – AD&D	\$12,500
Primary Coverage:	
Accident Medical	\$2,500
Emergency Sickness	\$2,500
Dental	\$100
Deductible	\$25
Excess Coverage:	
Accident Medical	\$27,500
Emergency Sickness	\$27,500
Deductible	\$1,000*
Maximum Benefit:	\$30,000

*If excess coverage is required you will pay \$25 for the first \$2,500 of expenses and either the \$1,000 deductible or the balance of medical expenses (whichever amount is less). Your maximum liability is \$1,025 for coverage up to policy limits.

EXAMPLE 1:

If you incur \$1,500 in medical expenses you will pay only \$25.

EXAMPLE 2:

If you incur \$2,900 in medical expenses you will pay \$425 – \$25 for the first \$2,500 plus the remaining \$400 because the balance is less than the excess coverage deductible amount.

EXAMPLE 3:

If you incur \$4,500 in medical expenses you will pay \$1,025 – \$25 for the first \$2,500 plus the \$1,000 deductible because it is less than the balance (\$2,000).

3. Chartis Policy Number & Contact Info:

Policy Number: SRG0009112988

Claims Number: (800) 551-0824 / (302)661-4176 / Fax (866)893-5984

Claims Address:

Chartis
Accident & Health Claims Division
P.O. Box 25987
Shawnee Mission, KS 66225-5987