



Please Read Carefully—**Release Must be Signed by both parents/guardians for monthly activities. Release Must be Signed by both parents/guardians AND Notarized for Summer CAMps and overnight activities.**

My son/daughter, \_\_\_\_\_(name(s)), wishes to participate in activities sponsored by Community Action Ministries, Inc. I wish to allow my (son/daughter) to participate in these activities, and I understand that some of the activities could involve a degree of risk and participation in the activities may result in my child needing medical or dental care and treatment. In view of the fact that Community Action Ministries is an organization in which participation is voluntary, and having full confidence that precautions will be taken to ensure the safety and well-being of my (son/daughter), I have given my son/daughter \_\_\_\_\_ (name(es)) my consent to participate in the activities sponsored by Community Action Ministries during the period from May 15, 2010 to May 14, 2011.

Does the participant(s) have any disabilities, handicaps, present injuries or limitations, allergies, hemophilia, heart condition, history of respiratory illness or any other significant medical condition? (Please include any prescription medication(s) and dosage.) Yes No If Yes, please state issues:

\_\_\_\_\_  
(Use another sheet of paper if necessary)

Should the need arise, do you give permission for your son/daughter to receive over the counter medication?  
Yes No **Be sure to list any allergies above.**

If you wish your family doctor to be contacted in case of an emergency (conditions and situation allowing):

**Doctor's name** \_\_\_\_\_ **Phone number:** \_\_\_\_\_

Therefore,

1. In consideration of permission for the participant(s) to participate in said events, **I hereby give my consent for my son/daughter to participate in the following activities (initial the activities you are giving consent to participate in):**

- \_\_\_\_\_ **summer mission camps**
- \_\_\_\_\_ **monthly community service projects/ monthly CAM meetings**
- \_\_\_\_\_ **conferences/seminars/ retreats**

I, \_\_\_\_\_(Parents'/Guardians' name), being of legal age, authorize Community Action Ministries, or any agent of CAM, to act in my child or children's behalf, or my own, should I be unable to do so, and to consent to any X-ray examination, anesthetic, medical, surgical, or dental diagnosis or treatment, and hospital care, to be rendered to the minor under the general or special supervision and on the advice of any physician or dentist licensed under the laws in the State of Oklahoma, whether such diagnosis or treatment is rendered at the office of said physician or at said hospital.

2. The consent is given in advance of any specific diagnosis, treatment, surgery, or hospital care required, but is given to provide authorization and specific consent for medical/dental treatment and care on behalf of the participant(s).

3. Any consent by Community Action Ministries, Inc, or agent of CAM, shall have the same force and effect as if I had personally given consent. In case of an emergency, I hereby authorize treatment and/or care at any hospital. If there is an emergency and I cannot be reached please contact:

**Full name:** \_\_\_\_\_ **Phone #** \_\_\_\_\_

**Relationship:** \_\_\_\_\_

4. Health insurance: **Yes**\_\_\_\_ **No**\_\_\_\_

I certify that I have personal health insurance with:

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<b>Company</b>	<b>Policy #</b>	<b>Exp. Date</b>
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Your insurance will be the coverage provider for the participant(s) during the duration for the said event. I understand that no health plan is provided by Community Action Ministries, Inc.

The undersigned shall be liable and agree(s) to pay all costs and expenses incurred in connection with such medical and dental services rendered to aforementioned child/children, self pursuant to this authorization.

Should it be necessary for the participant(s) to return home due to medical reasons or otherwise, the undersigned shall assume all transportation costs.

The undersigned does also hereby give permission for the participant(s) to ride in any vehicle designated by the adult in whose care the minor has been entrusted while attending and participating in activities sponsored by Community Action Ministries, Inc.

**Exclusions and Limitations:**

I, the undersigned, understand that there are NO illegal drugs, tobacco products, or weapons of any kind allowed at any CAM event.

I also understand that cell phones are allowed on a limited basis. CAM will not be held liable for any lost or stolen items.

# Waiver of Liability and Disclaimer

I, the parent/guardian of the above named individual(s), acknowledge that generally the individuals who administer the programs of Community Action Ministries, Inc, volunteer their time and are not paid professionals. In consideration for allowing participant(s) and permitting the voluntary participation of said participant(s) in its programs, I hereby agree to indemnify, release, discharge and hold harmless Community Action Ministries, Inc., its employees, volunteers, Board of Directors, and other representatives from claims arising out of or relating to any physical injury, including death, as well as all property damage or loss that may result to said participant(s) while participating in any CAM, Inc. event. ***This form must be signed by the Participant and both Parents/Guardians. (This form must be notarized for CAMps and any activities or events requiring overnight participation.)***

1.  
\_\_\_\_\_  
Participant's signature Date

2.  
\_\_\_\_\_  
Participant's signature Date

\_\_\_\_\_  
Mother's/Legal Guardian's signature Date

\_\_\_\_\_  
Father's/Legal Guardian's signature Date

Subscribed and sworn to me this \_\_\_\_ day of \_\_\_\_\_, 2009.

\_\_\_\_\_  
Notary Public Signature

My Commission Expires: \_\_\_\_\_

Notary Seal Here

For more information, please contact:

Director Donna Hooper  
Home: (405)329-8041  
Cell: (405)887-1787  
[cam-inc@cox.net](mailto:cam-inc@cox.net)

Mail form to:  
CAM  
P O Box 1674  
Norman OK 73070

## **Knowing What We're All About** **CAM's goal is three fold:**

1. CAM is fulfilling the great commission given by Jesus Christ to go into all the world to make disciples. We are teaching young people what Matthew 25: 34-40 and Phil 2:3-5 &14 means. We want people to learn to apply the gospel. Through the work they do blessing the community with our hands, God has given participants many opportunities to share the truth about Christ. We strive to teach participants the importance of reaching out to others to meet their needs. Meeting others' physical needs opens the door to spiritual ministry. There was, for instance, a 96 year old hospice patient who was led to the Lord during one of the camps. The youth could see that by volunteering to clean this man's yard, it softened his heart to accept Jesus! It may not be CAM participants who will get to give the Gospel message, but if we are there working in the name of Christ, then those we are helping will be likely to turn to Christians when they are in a crisis. Eventually the seeds we have planted will begin to produce fruit.

Over the years we have began to realize that there is also substantial ministry going on among the participants themselves. Through their time with CAM, many participants have made personal decisions to follow Christ as their personal Lord and Savior. Many more have deepened and strengthened their relationship with God through their experiences with CAM. As we're going out to change the world, God is changing us.

2. Our second objective is to teach young people how to step up to leadership roles, to find their God given talents, and start using them to further the Kingdom of God. The devotions are led by youth. We have a Youth Advisory Council (YAC), which helps behind the scenes preparing for the camps, monthly meetings and getting the quarterly newsletter out.
3. Our final goal is to bring unity to the Body of Christ. Through CAM activities and camps we are seeing the Body of Christ come together as never before. We've had over thirty different churches represented through the participants working together to accomplish God's work. One of the highest compliments we've heard from the participants is "There are no cliques here. Everyone feels accepted, no matter what social, economical, mental, or physical background you come from."

**Youth Advisory Council (YAC) is a leadership opportunity. If you are interested in joining the YAC leadership team, please let Donna know so she can get you the form.**

# Let the choices you make today be consequences you can live with tomorrow.

Remember whom we represent at ALL times: CHRIST!

## **Rules for ALL CAM events:**

1. We are on a local mission, not a hunt for a boy/girl friend. No PDA will be tolerated.
2. No weapons, including pocket knives (If you brought a knife, please give it to Donna for safekeeping; you may have it back at the end of the camp or event.)
3. No drinking or drugs, including tobacco of any kind.
4. Please keep things picked up--- Be responsible!
5. Dress modestly. Girls, please be sure when you bend over no cleavage shows; boys, no one wants to know what color your undies are- keep those pants pulled up, please.
6. Our goal is to leave the site better than what we find it. Have a servant's heart—like Christ.

## **Rules specifically for the CAMps**

1. All meetings are mandatory.
2. If a participant needs one-on-one counseling, it will need to take place before or after the programs, not during. Participants have the freedom to share/pray with individuals during worship time.
3. Each church we stay at has rules, and we will follow them – where we can go, phone usage, bathrooms, eating place, etc. – these will be clarified the first night of the CAMp.
4. No boys in the girls' sleeping area, or girls in the boys' sleep area. Ever.
5. All scheduled times, including lights out (NO MORE TALKING) are to be followed. This is one way of showing respect for your leaders.
6. All participants should come to the morning session ready to leave for their work projects – dressed, teeth brushed, Y bag packed, shoes on.
7. Everyone will have kitchen duty.
8. Lunch order forms- If you are not there on Wed. evening to fill out the lunch form for all three days, it will be your responsibility to let Donna know if you will need a lunch the following day.
9. Since the host church has blessed us with their building, we want to bless them back. We will take care of church property, and leave it nicer than we found it: don't stand on the tables, no banging doors into walls, do pick up all trash, wipe down sink area, clean-up spills of any kind, etc. If there is an accident and something breaks, please let the leaders know so that we can fix or replace the items.
10. Snacks are not allowed in sleeping quarters or on vans – only in the food area. Also, please do not eat it unless you brought it, or received express permission from owner. If you bring snacks for yourself, put your name on it and store it in the kitchen.
11. The church or CAM is not responsible for any lost or stolen items during any part of the camp. If you really, really care about something and will be devastated if it breaks or walks off, leave it at home.

**I have read the rules that CAM expects me to follow and agree that I will obey them.**

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**Participant's Signature**

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**Date**

Parents, please know that if your child does not follow these rules, you will be asked to come pick them up.

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**Parents/Guardian's Signature**

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**Date**

## To the Parents/Legal Guardians of Participants:

Community Action Ministries assumes no financial responsibility for medical cost of an accident occurring to a participant while participating in any CAM event. An accident insurance program is offered for your convenience. Neither CAM, Inc nor any agent of CAM, Inc is compensated by the Insurance Company.

Please see attached form for more details concerning the purchase of this accident insurance. **For assistance in purchasing insurance, please contact Adams & Associates International at 1-800-922-8438 and ask for the volunteer department.** If you chose to purchase this insurance you will need to send your information by mail no later than 12 days before the event, or if you order it online, 2 days before the event. If you plan to purchase this insurance, please sign in the top section of this page; if you do not plan to purchase this insurance, please sign in the bottom section.

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This section is to acknowledge that I have received information regarding policy pertaining to accident injury and student accident insurance **and will purchase the insurance.**

\_\_\_\_\_  
Parents Name (print)

\_\_\_\_\_  
Parent's Signature

\_\_\_\_\_  
Student Name (Print)

\_\_\_\_\_  
Date

.....

**OR**

This section is to acknowledge that I have received information regarding policy pertaining to accident injury and student accident insurance and **will not** purchase the insurance. **We have adequate Insurance and do not wish to participate.**

\_\_\_\_\_  
Parent's Name (print)

\_\_\_\_\_  
Parent's Signature

\_\_\_\_\_  
Student Name ( Print)

\_\_\_\_\_  
Date

# Travel Accident Insurance Benefits Volunteers on Mission in the USA and Canada

*Travel Accident Insurance for Southern Baptist Groups Performing Mission Activities within the USA and Canada.*

## **Coverages**

Basic Travel Insurance at a competitive cost for the following Volunteers Ages 10 and Over:

1. Short Term (serving 30 days or less)
2. Long Term (serving 30 days or more)

**Those Under Age 10 are eligible for Plan B" Only**

Insurance becomes effective for each eligible person on the date a completed enrollment form is received by the company and is provided for covered activities only. Coverage terminates on the earlier of the termination date of the Policy or the date the person ceases to be eligible.

### ***Accidental Death and Dismemberment Benefit and Paralysis Benefit***

If Injury to the Insured Person shall result in one of the following losses within 365 days from the date of covered accident, the Company will pay the percentage of the Principal Sum specified below:

<b>Loss of:</b>	<b>Percent of Principal Sum</b>	<b>Plan "A"</b>	<b>PLAN "B"</b>
Life .....	100%	100%	100%
Two Hands, Two Feet or the Sight of Both Eyes.....	100%	100%	100%
One Hand and One Foot.....	100%	100%	100%
One Hand and the Sight of One Eye.....	100%	100%	100%
One Foot and the Sight of One Eye .....	100%	100%	100%
One Hand, One Foot or the Sight of One Eye.....	50%	50%	50%
Thumb and Index Finger .....	25%	25%	25%
Quadriplegia.....	300%	100%	100%
Paraplegia.....	200%	75%	75%
Hemiplegia .....	100%	50%	50%

"Loss" shall mean, with reference to hand or foot, complete severance through or above the wrist or ankle joint; with reference to sight of any eye, the entire and irrecoverable loss of sight thereof; with reference to thumb or index finger, severance through or above the metacarpophalangeal joint; with reference to quadriplegia, the complete and irreversible paralysis of both upper and lower limbs; with regard to paraplegia, the complete and irreversible paralysis of both lower limbs; and with regard to hemiplegia, the complete and irreversible paralysis of upper and lower limbs on one side of the body. If more than one of such specified losses shall result from the same accident, only one amount, largest, shall be paid.

### ***Permanent Total Disability Benefit***

When as the result of Injury an commencing within 90 days of the date of accident and Insured Person in totally and permanently disabled and prevented from engaging in each and every occupation or employment for compensation or profit for which he is reasonably qualified by reason of his education, training or experience, the Company will pay, provided such disability has continued for a period of twelve consecutive months and is total, continuous and permanent at the end of this period, the Principle Sum less any amount paid under the Accidental Dismemberment Indemnity coverage as a result of the same accident, at a rate of one percent per month for 100 months.

### ***Accidental Medical Expense Benefit***

If Injury to the Insured Person shall required treatment by a physician, the Company will pay the Usual and Reasonable covered expenses actually incurred after the satisfaction of the deductible for such services, treatment or supplies up to the maximum amount, provided the first expense is incurred within 30 days of the accident causing Injury. The expenses must be incurred within 52 consecutive weeks after the date of accident. **Benefits are payable only in excess of any expenses payable by other valid and collectible group insurance.**

Services must be approved by the attending physician and include but are not limited to the following: charges for semi-private hospital room and board, use of the operating room, emergency room, and Ambulatory Medical Center; fees of Physicians; Medical Expenses, in or out of the Hospital, including lab tests, prescription medicines, anesthetics, artificial limbs or eyes, ambulance service, therapeutics, transfusions, x-rays, and prosthetic appliances; and charges for registered nurse.

**Please See Next Page For More Information**

The Aggregate Limit of Indemnity of \$1,000,000 shall be the total limit of the Company's liability for all indemnities payable with respect to all Insured Persons arising out of Injury sustained by two or more Insured Persons as the result of any one accident.

<b>Plan Design and Rates:</b>	<b>Plan A</b>	<b>Plan B</b>
<b>Principal Sum:</b>		
Accidental Death and Dismemberment.....	\$100,000	\$100,000
Accidental Medical Expense		
Maximum Amount.....	\$10,000	\$10,000
Sickness Medical Expense		
Maximum Amount.....	\$2,500	n/a
Deductible per occurrence (both Accident or Sickness).....	\$50	\$50
Emergency Transportation Expense Reimbursement .....	\$25,000	n/a
Cost per day of Service.....	\$0.88	\$0.51

## Exclusions

Policy does not cover any loss, fatal or non-fatal, incurred for or resulting from the following: Suicide or any attempt thereof while sane or self destruction or any attempt while insane; Infections except pyrogenic infections caused wholly by a covered Injury; War or any act of war, or accident occurring while in the military, naval or air service of any country; Accident occurring while the Insured Person is operating, or learning to operate, or performing the duties as a member of the crew of any aircraft; Dental treatment except as a result of Injury to sound natural teeth; Replacement of eyeglasses or eye examinations for the correction of vision or fitting of glasses unless Injury has caused impairment of sight; Injury for which the Insured Person is entitled to benefits under any Workers' Compensation Act or Law or any similar legislation; Hernia of any kind; Being intoxicated or under the influence of any narcotic unless administered on the advice of a physician.

## **Definitions**

"Injury" shall mean bodily Injury caused by an accident and occurring while the Policy is in force as to the person whose Injury is the basis of claim and resulting directly and independently of all other causes in loss covered by the Policy

This is a summary of coverage only. For exact details, please refer to policy SRG 8046454 on file with the policyholder. Coverages are underwritten by AIG Life Insurance Company and are not available in all states. If there is any conflict between the provisions of this summary and those of the master policy, the provisions of the master policy will govern at all times.

## Enrollment Procedure

The enrollment form should be completed fully by the group leader, travel agent or individual and the original copy returned with your premium to Adams & Associates International. We suggest that this enrollment be completed well in advance of your term of service.

## **Claims**

Claim forms are enclosed in this brochure. Claims instructions are below. Each group leader should be furnished with a copy of these instructions and several of the claim forms. You may make copies of claim forms if additional copies are needed.

Please complete Accident Claim Report and attach bills or other information. Sign the form and have the physician's statement completed. On any accident medical expense claims indicate your policy number, employer's name, and insurance carrier's name, claims office address and phone number. Remember that the accident medical expense coverage is excess of other insurance you may have.

When writing or calling us about a claim, please identify yourself as a Southern Baptist Volunteer and identify the city and state of both your home and mission, sponsoring group, and dates of your particular mission so that we may promptly identify you and confirm your coverage.

**All claims should be reported promptly to:**



PO Box 5845  
 Columbia, SC 29250-5845  
 Tel: (803) 758-1400 Fax: (803) 252-1988  
 E-Mail: aai@aaintl.com Internet: www.aaintl.com

# Travel Accident Insurance Benefits Volunteers on Mission in the USA and Canada

## *USA Enrollment*

Please make photo copies of this  
WEB: [www.aaintl.com](http://www.aaintl.com)  
form for use on future mission trips.  
**USER ID & Password**

Enrollments can be done via the

**Call for a**

### Please Print

Name:		Date of Birth:	
Address:			
City:		State	Zip:
Phone:	Fax:	E-Mail:	
Location of Project:	Nature of Project:	Sponsoring Church:	
Expected Date of Departure from Home:			
Expected Date of Arrival Back Home:			

Please note, this is not a major medical policy. Major Medical Coverage is available for individuals and groups on short-term and long-term volunteer missionary assignments. If this is a need specific to your group, please contact us for details.

### Premium Computation Calculate Premium

### Select Plan and

Number of Persons	<b>X</b>	Number of Days	<b>=</b>	Number of Person Days
_____		_____		_____

	Number of Person Days		Plan		Premium
Plan A	_____ <b>X</b>	.88	<b>=</b>		_____
or Plan B	_____ <b>X</b>	.51	<b>=</b>		_____

### List of Persons or Attach List

	Name	Date of Birth	Beneficiary
1.			
2.			
3.			
4.			
5.			

If several persons are participating in a single project, but for different dates of service, please list these persons showing their dates separately, married couples traveling together should list both husband and wife. Travel agents or Group Leaders may attach roster in lieu of completing this list.

Make checks payable to Adams & Associates International and submit with the above information. Regardless of how you enroll for coverage, an e-mail confirmation of coverage will be sent. This will be your receipt. Mail confirmations will be sent upon request.

Please advise Adams & Associates International of any changes in travel plans. Also, in the event of a claim, notify Adams & Associates International immediately per the claim instructions.

**E-Mail, Mail or Fax to:**



PO Box 5845  
Columbia, SC 29250-5845  
Tel: (803) 758-1400 / 800-922-8438 Fax: (803) 252-1988  
E-Mail: [aai@aaintl.com](mailto:aai@aaintl.com) Internet: [www.aaintl.com](http://www.aaintl.com)