

APPALACHIAN SERVANT EVENT

REGISTRATION INFORMATION

2026

PLEASE READ BEFORE CONTINUING!

Registration Begins January 1, 2026

Requirements:

- Each congregation may bring a maximum of 5 Youth plus 1-2 adults.
- Counselors coming with youth must attend the same church as the youth attending.
- Youth must have completed the 9th grade. Maturity emphasized.

Please first inquire if there are openings before submitting your paperwork.

To inquire about openings on this Servant Event, please contact:

Nicole Spangler, Registrar

Church: (248) 887-4300 x104

Mobile: (810) 247-1724

WesternNorthCarolinaSE@gmail.com

SERVE THE LORD WITH GLADNESS!

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- Pages 1-7 are intended for Adult Leaders.
 - Pages 9-20 should be distributed to all participants.
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Please note that page 8 is intentionally left blank.
If you duplex print, please print adult information as pages 1-8 and participant information as pages 8-19.

***If you have been accepted to this year's Servant Event,
please begin reading the next page for instructions.***

APPALACHIAN SERVANT EVENT REGISTRATION PACKET 2026

PLEASE READ BEFORE CONTINUING!

All Registrations due APRIL 15, 2026
ALL FORMS & PAYMENT DUE AT THIS TIME.

LATE REGISTRATIONS (meaning the whole packet) will be the last to be considered for inclusion, if at all.

Registration fee: \$325.00 per person

If you do not plan on rafting, you may subtract \$60.00 from this fee.

Registration Packet Forms to be submitted with deposit:

- 1. Group Travel Plans** (one per congregation)
- 2. Adult Leader Registration Form** (one per Adult)
- 3. Adult Medical Authorization** (one per Adult, notary seal required)
- 4. Covenant of Service** (one per Youth and Adult)
- 5. Participant Registration Form** (one per Youth and Adult)
- 6. Participant Registration p2** (one per Youth and Adult)
- 7. Event Consent Form** (one per Youth and Adult)
- 8. Medical Contact Form** (one per Youth and Adult, include Medical Card copy)
- 9. Medical Authorization Consent** (one per Youth, notary seal required)
- 10. Emergency Medical Information Form** (one per Youth and Adult)
- 11. Blue Heron Whitewater - White water Rafting -Release Form** (one per Youth and Adult)

Note: Please make two (2) sets of medical information. Keep one for your travel. The consent forms and medical information forms are critical pieces of information for the Project Coordinator, the Community Life Leader, and Work/Activities Director. Know where they are at all times. Take time to get familiar with the health forms so, in the event of an emergency, you know where to get the information you need quickly.

All participants, youth and adults, should fill out forms according to the above list.

Please send ALL COMPLETED FORMS with registration fees to:

**WNC Servant Event
c/o Nicole Spangler
13667 Highland Road
Hartland, MI 48353**

APPALACHIAN SERVANT EVENT

DIRECTIONS TO EMMANUEL LUTHERAN CHURCH, ASHEVILLE, NC



LOCATION:
EMMANUEL LUTHERAN CHURCH
 51 WILBURN PLACE
 ASHEVILLE, NC 28806
 (828) 252-1795
 Latitude 35.585210° (N 35° 35' 6.8")
 Longitude -82.602949° (W 82° 36' 10.6")



From South of Asheville:

- I-26W to I-240E
- Follow I-240E to Patton Ave. (19/23 S/US 74-ALT-W)
- At Seventh Light turn at Wilshire Park (Wilburn Pl.) Across from ALDI®.
- Take immediate right to Emmanuel Lutheran.
- Make a left at the first entrance and follow to the parking lot for Lower Church Entrance.

From East of Asheville:

- I-40 to I-240W exit 53B
- Follow I-240W across Smoky Park Bridge where road turns into Patton Ave.
- At Seventh Light turn at Wilshire Park (Wilburn Pl.) Across from ALDI®.
- Take immediate right to Emmanuel Lutheran.
- Make a left at the first entrance and follow to the parking lot for Lower Church Entrance.

From West of Asheville:

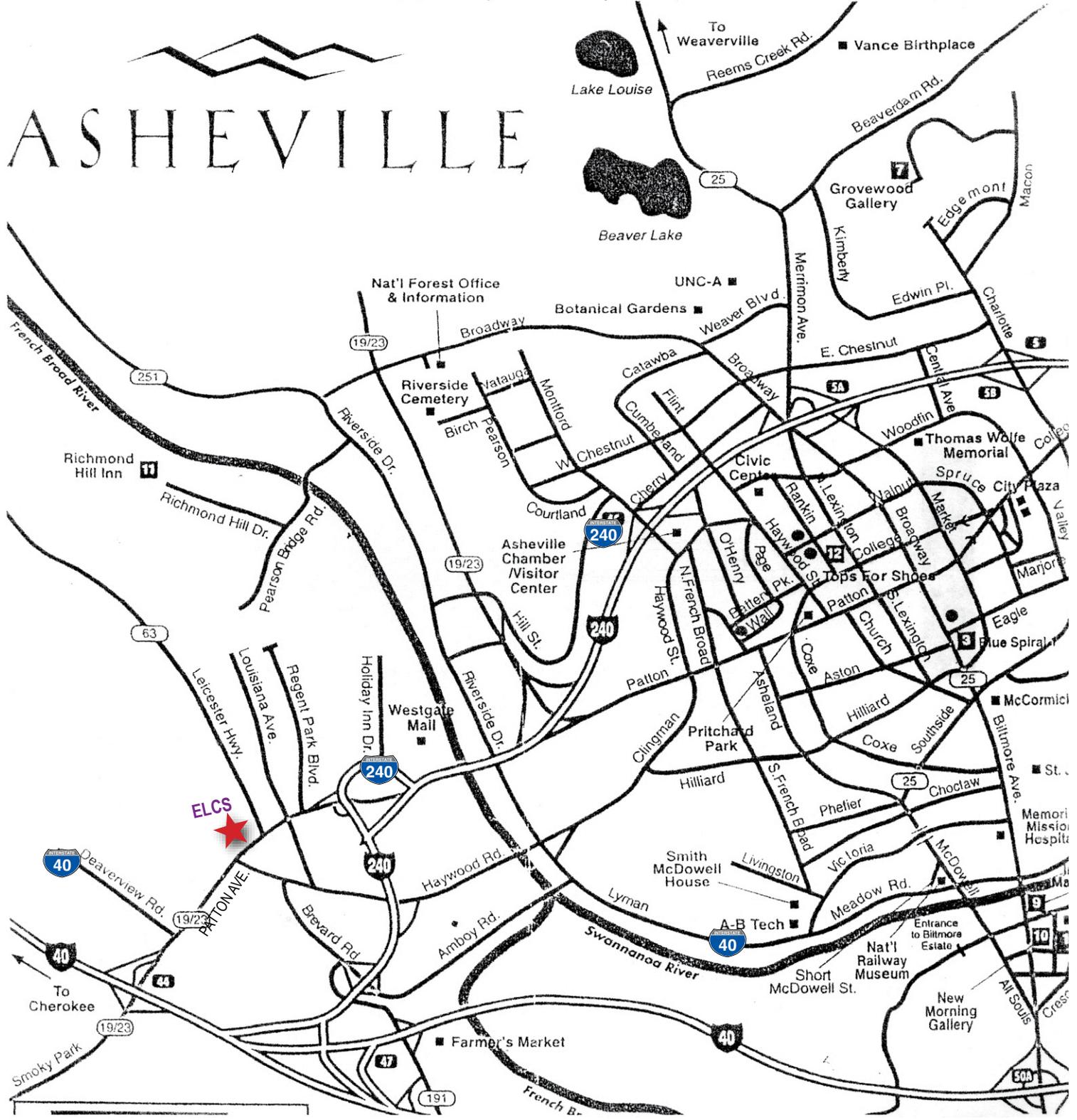
- I-40E to exit 44 (Enka/Candler)
- Turn LEFT off exit onto Smoky Park Hwy.
- Road Turns into Patton Ave.
- Turn LEFT at Wilshire Park (Wilburn Pl. - beside Byrish Public House and across from ALDI®).
- Take immediate right to Emmanuel Lutheran.
- Make a left at the first entrance and follow to the parking lot for Lower Church Entrance. (Emmanuel is 3.2 miles from exit 44, or 8 minutes).

From North of Asheville:

- 19-23S (I-26 E Future) to I-240W.
- Follow I-240W across Smoky Park Bridge where road turns into Patton Ave.
- At Seventh Light turn at Wilshire Park (Wilburn Pl.) Across from ALDI®.
- Take immediate right to Emmanuel Lutheran.
- Make a left at the first entrance and follow to the parking lot for Lower Church Entrance.

APPALACHIAN SERVANT EVENT

DIRECTIONS TO EMMANUEL LUTHERAN CHURCH, ASHEVILLE, NC



APPALACHIAN SERVANT EVENT ADULT LEADER REGISTRATION FORM

PLEASE PRINT OR TYPE in PDF

Last Name: _____ First Name: _____ Initial: _____
 Congregation: _____ City: _____
 Medical Experience? _____

What is my role as adult leader?

- **Instruction** - Work WITH the youth, teaching and enabling them to do the work themselves. Empower them
- **Communication** - with youth and other adults – know where youth you are responsible for are at – share information from adult leader meetings as appropriate – facilitate small group communication
- **Supervision** - keep the environment and activities safe - this means different things in different environments - REQUIRE the youth to wear proper footwear, sunscreen & drink lots of water on the work site, remind them to respect other people’s space and property at the church, allow them to play and have fun during free time but not to take unnecessary risks. All youth are yours when it comes to supervision.
- **Responsibility** - Health forms should always accompany youth. You have a set for your state group, there will be a work site set, and each youth will get an extra copy. As the adult, it is your responsibility to make sure that any youth traveling with you has a form. It should be their ticket into the van. This is for everyone’s safety and protection. If they don’t have a form, they don’t go.
- **Flexibility** - Things do not always run according to plan. As adult leaders it is important to be willing and able to “go with the flow.”
- **Patience** - As the event progresses, each individual is stretched and tested physically, emotionally, and spiritually. If there is a concern, communicate with the appropriate leader privately.

I will lead my group in full participation of all activities and will honor the covenant that all servant event participants abide by. I hereby agree to serve as a group leader for the Western North Carolina Servant Event.

 ADULT LEADER SIGNATURE

I hereby certify this person as an Adult leader for the Servant event.

 Pastor’s signature

GROUP PARTICIPANTS:	GENDER	RAFTING	FORMS
Adult 1: _____	M F	_____	_____
Adult 2: _____	M F	_____	_____
Youth 1: _____	M F	_____	_____
Youth 2: _____	M F	_____	_____
Youth 3: _____	M F	_____	_____
Youth 4: _____	M F	_____	_____
Youth 5: _____	M F	_____	_____

This form must be filled out completely.

APPALACHIAN SERVANT EVENT AUTHORIZATION TO CONSENT TO MEDICAL AND DENTAL CARE

To be completed by participants 21 years or older.

Your signature must appear below to insure medical treatment in the event you are unable to consent for yourself.

In the event I become unable to seek treatment for myself, I, the undersigned _____ (Social Security # _____), having reached the age of majority, do hereby authorize, Servant Event leaders to (i) consent to medical, surgical and dental care, (ii) consent to any diagnostic tests, medical, surgical or dental procedure or treatment as may be considered therapeutically necessary by the physician, surgeon, dentist or other health care personnel providing care, and (iii) on my behalf, to (a) employ physicians, surgeons, dentists, nurses and other health care personnel as may be deemed necessary (b) admit me to any hospital, clinic, emergency room, laboratory or other health care or diagnostic facility for examination, treatment, surgery or care and (c) sign all necessary consents and authorizations. It is understood that this authorization is given in the advance of the occurrence of any condition or situation which would necessitate any such medical, surgical or dental care being required but is given to provide authority to obtain such care if it should be required. I fully understand the consequences of the foregoing statements and sign this AUTHORIZATION TO CONSENT TO MEDICAL AND DENTAL CARE knowingly, freely and willingly.

This authorization shall continue for such time as I am participating in the Servant Event and during travel to and from the Servant Event.

IN WITNESS WHEREOF, I have executed this Authorization to Consent to Medical and Dental Care this _____ day of (month) _____ (year) _____.

Signature Date

STATE OF)

COUNTY OF) SS

)

On this _____ day of (month) _____ (year) _____, before me, a Notary Public, personally appeared and known to me to be the person(s) who executed the above Consent and stated that it was executed as his/her (their) free act and deed.

Notary Public

(NOTARY SEAL)

APPALACHIAN SERVANT EVENT GROUP TRAVEL PLANS

Complete one form per church

Name of Church: _____

Contact Person: _____

Daytime Phone: _____ Cell Phone: _____

Email: _____

Group transportation plans. Complete all that apply.

1. _____ Number of Participants

2. _____ # Driving _____ # Personal vehicle _____ # Rental vehicle

Arriving – Date _____ Time _____

Departing – Date _____ Time _____

3. _____ # Flying

Airline _____ Flight # _____

Arriving – Date _____ Time _____

From _____ To _____

Departing – Date _____ Time _____

4. _____ # Other _____ # Train _____ # Bus

5. Will you need a ride from the airport? Yes No

6. Do you plan to rent a vehicle? Yes No What Size? 7 12 15 passenger

If yes, would you be willing to drive servant event participants to work sites and other activities if you were reimbursed for gas? Yes No

7. Sightseeing Plans. Do you plan to come early or stay later? If so, what housing arrangements have you made?

APPALACHIAN SERVANT EVENT COVENANT OF SERVICE

To provide the best possible experience for everyone, the following are expectations for all the participants.

- I understand and will abide by the rule that no male is allowed in areas assigned to females and that no female is allowed in areas assigned to males.
- I understand that no participant under the age of 21 will leave the church premises without adult supervision.
- I will not cause deliberate damage to rooms, facilities, or the property of others and will clean up the work site daily, respecting the property of my resident.
- I will respect all others and will not use profane or abusive language.
- I will dress modestly at Servant Event. Some examples of inappropriate dress include: tube tops, sports bras, short shirts, bare midriffs, see-through clothing, fishnet-style clothing and absence of clothing.
- I will leave all radios, MP3 Players, CD players, etc. at home or in my youth group's vehicle during the day.
- My actions will display a Christian example, respectful of others.
- I will follow all times on the schedule.
- I will not change housing assignments. (In event of emergency or other need to contact any participant, staff must know where each person is located.)

FAILURE TO COMPLY WITH THE FOLLOWING POINTS IN THE COVENANT COULD RESULT IN DISMISSAL FROM THE SERVANT EVENT. ANY TRAVEL EXPENSES WILL BE THE RESPONSIBILITY OF THE PARTICIPANT (or the responsibility of the participant's parent or guardian).

- I will not bring or possess any weapons or fireworks. Also, I will obey all the laws of the community and state in which I am serving. Failure to comply could result in criminal investigation by the proper authorities.
- I will not possess or use alcohol or illegal drugs. Smoking or the Use of tobacco products indoors, in vehicles or at work sites is prohibited.
- I understand that intentional or reckless behavior which could cause harm to me or others are prohibited.
- I understand that gross defiance of the staff or adult counselors may be grounds for dismissal.
- I understand that sexual indiscretion or harassment in any form is prohibited.

ADULT PARTICIPANTS: I too will follow the Covenant of Service. I will take responsibility to ensure that my group members comply with the points above. I will correct others not part of my group when necessary. Also, I will accept corrections other adults make with my youth group members or with me.

I have read and I understand this Covenant of Service. I agree to abide by this Covenant and other rules, which may be made for the general welfare of all Servant Event participants. Furthermore, I am aware that my failure to abide by these rules or laws may result in my being denied the privilege of participation and that funds submitted will be forfeited.

Participant Signature: _____ Date: _____

Parent or Guardian : _____ Date: _____

Pastor's Signature: _____ Date: _____

APPALACHIAN SERVANT EVENT IMPORTANT INFORMATION

LOCATION:

EMMANUEL LUTHERAN CHURCH
51 WILBURN PLACE
ASHEVILLE, NC 28806
(828) 252-1795

Latitude 35.585210° (N 35° 35' 6.8"); Longitude -82.602949° (W 82° 36' 10.6")

COUNSELOR:

- Counselor should know problems or medical needs of participants
- Should have extra set of Medical forms for your vehicle at all times.
- Make sure medical authorizations are notarized and copies of the medical cards are included.

PARENT/PARTICIPANT:

BE SURE TO indicate any special diet needs on page 13 so our kitchen volunteers can properly plan and provide for you/your youth. Servant Event is physically demanding. Proper nutrition is important.

ARTICLES TO CONSIDER BRINGING:

- Cool comfortable clothes, including old clothes you don't care if they get paint, red clay dirt stains, etc. on them. (Shop Goodwill or Salvation Army stores.)
- Bible
- Camera
- Water bottle
- Cot or twin Air Mattress
- Pillow & Bedding
- Towels, washcloths, soap, whatever you need for showering, toiletries
- Gym bag for shower needs
- Laundry soap
- Work gloves, cap, tape measure, flashlight
- Money to spend
- Prescriptions you need
- Lots of arm and leg power, good attitude, and an open heart

A WEEK IN THE LIFE OF APPALACHIAN SERVANT EVENT

Saturday: Arriving, find our rooms, unpack, get to know each other

Sunday: Attend church, lunch, tour work sites

Monday thru Friday: Breakfast, Arrive at work sites, 4 p.m. shower, Dinner, Community Spiritual life

Thursday: Time to Wash Clothes

Saturday: Sleep in, rafting on the French Broad (Blue Heron form required)

Sunday: Participate in church service, group pictures, afternoon group adventure

Monday: Finish work sites/projects

Tuesday: Inventory and clean work equipment, Community communion service, All night lock-in

Wednesday: Breakfast, goodbyes, head for home

APPALACHIAN SERVANT EVENT

SUGGESTED PACKING LIST

Clothing

- ___ pajamas
- ___ 5 pair underwear
- ___ 4 pair socks to wear w/ work shoes
- ___ 5 pair socks for evenings (if needed)
- ___ 2 pair long work pants
(jeans provide best protection)
- ___ swim suit
- ___ 2 pair work shorts
- ___ 4 work shirts – preferably T-shirts
- ___ khakis or skirt for church
- ___ shirt or blouse for church
- ___ 1 pair jeans
- ___ 1 sweatshirt or jacket
- ___ 2-3 pair shorts or capris
- ___ 4-5 tops (T-shirts, tank tops, etc)

Footwear

- ___ work shoes – should be thick soled
- ___ shower shoes (optional)
- ___ rafting shoes – must fit securely
- ___ church shoes if desired

Toiletries

- ___ toothbrush & toothpaste
- ___ comb or brush
- ___ deodorant
- ___ Bath towel
- ___ hand towel
- ___ washcloth
- ___ soap
- ___ shampoo & conditioner
- ___ Medications (please provide Adult leader a list)

Laundry

- ___ Laundry soap & Dryer sheets (plan on 3 loads)
- ___ Roll of Quarters for laundry (Yes, a whole roll!)
- ___ 3 trash bags (to segregate & store dirty clothes)

Bedding

- ___ Cot or air mattress
- ___ Sleeping bag or bedroll
- ___ sheet or light blanket
- ___ pillow w/ case

Miscellaneous

- ___ Bible
- ___ Reusable water bottle
- ___ Work gloves
- ___ Tape measure (LABEL)
- ___ Hat
- ___ Sunglasses
- ___ Sunscreen
- ___ TICK REPELLENT
- ___ Light jacket/rain gear
- ___ Flashlight & extra set of batteries
- ___ Spending \$\$
- ___ Notebook/paper/notecards
- ___ Pen/pencil
- ___ Book to read
- ___ Car entertainment (cards, MadLibs, etc)
- ___ Camera

Do not bring valuables as they may be damaged or lost.

APPALACHIAN SERVANT EVENT PARTICIPANT REGISTRATION FORM

PLEASE PRINT OR TYPE in PDF

PARTICIPANT:

Last Name: _____ First Name: _____ Initial: _____

Goes By: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Email: _____

Current Grade Level: _____ Birth date: _____ Gender: M F

White water Rafting? (Consent Form required): Y N

T-Shirt Size: S M L XL XXL

Please select all that apply:

Youth Participant

Adult Participant

Group Leader

Pastor

Lay Leader

DCE

CONGREGATION INFORMATION:

Church Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____ Phone: _____

Adult Leader Name: _____

Travel Plans (if different than listed on the group form)

Arriving by: car/van bus train plane

If by plane: Arrival Time: _____ Airline: _____ Flight No.: _____ Date: _____

Departure Time: _____ Airline: _____ Flight No.: _____ Date: _____

PARTICIPANT REGISTRATION FORM

CONTINUED

PERSONAL PROFILE:

Previous Servant Event experience: _____

Other abilities, experiences, or interests which may be helpful for this Servant Event: _____

Special Needs (medical, diet, etc.): _____

REQUIRED SIGNATURES

Participant Promise

I look forward to serving my Lord in the event and I agree to Participate and Cooperate in any way.

Publicity Release

I give my permission to allow any pictures or videos taken during the event to be used in publications by the Servant Event, church, or by the LCMS Department of youth ministry.

Participant list:

I give my permission for my son/daughter's name, address, phone number, and email to be included and shared by way of the participants list with others at this event and LCMS Dept. of youth ministry.

Participant signature

Parent or Guardian signature

Date

FOR OFFICE USE ONLY:

Date received: _____

Deposit: _____

Balance Due: _____

APPALACHIAN SERVANT EVENT CONSENT

I understand that the Servant Event for which this Medical Consent and Liability and Activity Release Form is being given is described as **Western North Carolina Servant Event, Construction, Madison County, North Carolina.**

I hereby consent to participation of myself (or of my child) in the above-described Servant Event. I have read the informational materials regarding the planned activities. I am aware that in addition to activities such as Bible study, worship, sight-seeing, using public transportation, and meal functions, the participant also may be asked to participate in various servant activities that may involve additional risks, such as **hammering, digging, lifting, construction of various types.**

I understand that I have a duty to provide primary accident and medical insurance for myself (or for my child) and I declare that I am (or my child is) covered by primary accident and medical insurance.

I RELEASE AND FOREVER DISCHARGE, THE LCMS YOUTH MINISTRY, THE LUTHERAN CHURCH-MISSOURI SYNOD (SYNOD), HOME CONGREGATION _____, EMMANUEL LUTHERAN CHURCH (SITE OF SERVANT EVENT), THEIR AGENTS AND SERVANTS, SUCCESSORS AND ASSIGNS, DIRECTORS, "TRUSTEES, OFFICERS, EMPLOYEES, AND OTHER REPRESENTATIVES FROM ANY AND ALL DAMAGES AND CAUSES OF ACTION EITHER AT LAW OR IN EQUITY THAT I MAY HAVE AS A RESULT OF MY (OR MY CHILD'S) PARTICIPATION IN, ATTENDANCE AT, AND TRAVEL TO AND FROM THE SERVANT EVENT. FURTHERMORE, I DO HEREBY EXPRESSLY STIPULATE, AND AGREE TO INDEMNIFY AND HOLD FOREVER HARMLESS THE DYM, SYNOD, HOME CONGREGATION _____, EMMANUEL LUTHERAN CHURCH (SITE OF SERVANT EVENT), ITS AGENTS AND SERVANTS, SUCCESSORS AND ASSIGNS, DIRECTORS "TRUSTEES, OFFICERS, EMPLOYEES, AND OTHER REPRESENTATIVES AGAINST LOSS FROM ANY AND ALL PRESENT OR FUTURE CLAIMS, DEMANDS OR ACTIONS IN-LAW OR IN EQUITY THAT MAY HEREAFTER BE MADE OR BROUGHT BY ME OR MY CHILD, BY ANYONE ON BEHALF OF ME OR MY CHILD, OR BY ANYONE ELSE ON THEIR OWN BEHALF FOR DAMAGES OR ANY OTHER LEGAL OR EQUITABLE REMEDY ON ACCOUNT OF ANY INJURY, ILLNESS, PHYSICAL CONDITION, INCONVENIENCE OR LOSS SUSTAINED BY ME OR MY CHILD DURING THE SERVANT EVENT OR TRAVEL TO AND FROM THE SAME.

I, the undersigned, hereby acknowledge that I have read the foregoing, understand its contents, and have signed the same as my own free act and deed.

FOR PARTICIPANTS AGE 21 AND OVER:

Participant Signature: _____ Date: _____ Witness: _____

FOR PARTICIPANTS UNDER AGE 21:

Parent/Guardian Signature: _____ Date: _____ Witness: _____

APPALACHIAN SERVANT EVENT MEDICAL CONTACT INFORMATION

PLEASE PRINT IN INK OR TYPE in PDF

Must be completed and carried by all participants. Copy must be given to group leader.

Must be signed by parent or guardian of participants under 21.

PARTICIPANT NAME: (Last) _____ (First) _____

BIRTH DATE: _____ GENDER: M F SSN: _____

HOME ADDRESS: _____

CITY/STATE/ZIP: _____

HOME PHONE: _____ CELL PHONE: _____

CUSTODIAL PARENT/GUARDIAN: _____

HOME PHONE: _____ CELL PHONE: _____

HOME ADDRESS (IF DIFFERENT): _____

HEALTH PLAN CARRIER: _____

NAME OF INSURED: _____

RELATIONSHIP TO PARTICIPANT: _____

PARENT/GUARDIAN SSN or INSURANCE ID NUMBER: _____

FAMILY DOCTOR: _____

OFFICE PHONE: _____ EXCHANGE: _____

FAMILY DENTIST: _____ OFFICE PHONE: _____

SECOND PARENT OR EMERGENCY CONTACT PERSON: _____

RELATIONSHIP TO PARTICIPANT: _____

HOME PHONE: _____ CELL PHONE: _____

Please specify if any health insurance pre-certification, notification, or other requirements exist for the participant: _____

Medical Card Copy FRONT

Medical Card Copy BACK

APPALACHIAN SERVANT EVENT AUTHORIZATION TO CONSENT TO MEDICAL AND DENTAL CARE

Must be completed by parents or guardians of participants under 21 years old.

Parent/Guardian signature must appear below or your child will not be permitted to attend the Servant Event.

(I) (We), the undersigned parent(s) and/or natural guardian(s) of _____ (Social Security #: _____), a minor, do hereby authorize my child's Servant Event youth leader (and/or any other adult appointed or designated) to (i) consent to medical, surgical and dental care for such minor child, (ii) consent to any diagnostic tests, medical, surgical or dental procedure or treatment as may be considered therapeutically necessary by the physician, surgeon, dentist, or other health care personnel providing care for such minor child, and (iii) on (my) (our) behalf, to (a) employ physicians, surgeons, dentists, nurses, and other health care personnel as may be deemed necessary for such minor child, (b) admit such minor child to any hospital, clinic, emergency room, laboratory or other health care or diagnostic facility for examination, treatment, surgery or care and (c) sign all necessary consents and authorizations. It is understood that this authorization is given in advance of the occurrence of any condition or situation which would necessitate any such medical, surgical or dental care being required but is given to provide authority to obtain such care if it should be required. I fully understand the consequences of the foregoing statements and sign this AUTHORIZATION TO CONSENT TO MEDICAL AND DENTAL CARE knowingly, freely and willingly.

This authorization shall continue for such time as my child is participating in the Servant Event and during travel to and from the Servant Event.

IN WITNESS WHEREOF, (I) (We) have executed this "Authorization to Consent to Medical and Dental Care" this _____ day of (month) _____ (year) _____.

Parent/Legal Guardian	Date	Parent/Legal Guardian	Date
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STATE OF _____)

COUNTY OF _____) SS

)

On this _____ day of (month) _____ (year) _____, before me, a Notary Public, personally appeared and known to me to be the person(s) who executed the above Consent and stated that it was executed as his/her (their) free act and deed.

_____ Notary Public

(NOTARY SEAL)

APPALACHIAN SERVANT EVENT EMERGENCY MEDICAL INFORMATION

PLEASE COMPLETE SO EVENT LEADERS AND HEALTH PROVIDERS CAN BE AWARE OF YOUR PERSONAL HEALTH NEEDS.

Name of Participant: _____

Does participant have: (if "Yes" explain)

YES NO Allergies? _____
 YES NO Heart Condition? _____
 YES NO Other? _____

Is participant subject to: (If "Yes" explain)

YES NO Headaches? _____
 YES NO Seizures? _____
 YES NO Motion Sickness? _____
 YES NO Fainting? _____
 YES NO Sleep Walking? _____
 YES NO Upset Stomach? _____
 YES NO Other? _____

Does participant have reaction to:(If "Yes" explain)

YES NO Bee Sting? _____
 YES NO Penicillin? _____
 YES NO Other Drugs? _____
 YES NO Poison Ivy/Oak/Sumac? _____
 YES NO Other? _____

YES NO Has the participant had any serious illness or surgery within the past ten years?
Please list: _____
 YES NO Does the participant have any condition that would prevent him/her from participating in
Servant Event activities? Please list: _____
 YES NO Does the participant take any prescription medication?
Please list: _____
 YES NO Are any drugs ineffective in treatment? _____
 YES NO Is the participant diabetic? Medication? _____
 YES NO Does the participant have any sight or hearing impairment? _____
 YES NO Does the participant wear contact lenses? _____
 YES NO Does the participant ear hearing aids? _____

Blood Type: _____

Date of last tetanus shot: _____

A current tetanus shot is required. After 5 years, another tetanus shot is recommended.

Please indicate ANYTHING else that leaders should know to help avoid or deal with any medical situation that might arise:

BLUE HERON WHITEWATER

888-426-7238
CELL: 828-450-4663



Printed Name of Participant: _____ Age: _____

Date of trip: July 19 _____, 2025

BLUE HERON WHITEWATER LLC ASSUMPTION OF RISK ACKNOWLEDGMENT

ASSUMPTION OF RISK: I understand and accept that whitewater rafting exposes me to many unavoidable risks and that participating in a whitewater rafting trip on the French Broad River involves risk of death, personal injury, and loss of or damage to property. I also understand that I should be in good physical health to participate in a whitewater rafting trip on the French Broad River. I choose to participate in this trip in spite of these risks and hereby assume all risk of loss of life or injury to myself and loss of or damage to property arising out of or related to my participation in this trip.

Participant's Signature (only if age 14 or over): _____

BLUE HERON WHITEWATER LLC WAIVER AND INDEMNITY AGREEMENT

WAIVER: In exchange for Blue Heron Whitewater LLC, furnishing me with services and equipment to enable me or my minor child to participate in this whitewater rafting trip on the French Broad River, I specifically release and forever discharge Blue Heron Whitewater LLC, as well as its members, managers, officers, agents, and employees from any and all liability or claims for any injury, illness, death or loss of or damage to property which I or my minor child may suffer that arises out of or is related to this trip. This release and discharge specifically includes, but is not limited to, liability or claims for injury, illness, death or damage caused by the negligence of Blue Heron Whitewater LLC, as well as its members, managers, officers, agents, and employees.

INDEMNITY: I agree to indemnify and hold harmless Blue Heron Whitewater LLC, as well as its members, managers, officers, agents, and employees, from any and all claims, demands, actions and judgments arising out of or related to my or the minor's participation in this trip.

I HAVE READ THIS DOCUMENT CAREFULLY AND I UNDERSTAND ITS CONTENTS. I AM AWARE THAT THIS IS A RELEASE OF LIABILITY AND I SIGN IT VOLUNTARILY.

Signature of participant (if age 18 or over) : _____

(If Participant is age 17 or younger):

Signature of parent, legal guardian or chaperone: _____



BLUE HERON WHITEWATER

Thanks for choosing Blue Heron Whitewater!

Here is some helpful information for planning your trip. Please share this with each participant in your group.

- ✂ Please be sure you know the date and time of your trip, as well the name the reservation is under.
- ✂ Please arrive 30 minutes before you trip time.
- ✂ Trips go rain or shine! Splash jackets, splash pants, and wetsuits are available free of charge for cool or wet days.
- ✂ Wear clothes you don't mind getting wet. Shorts and t-shirts are suitable during the warmer summer months.
- ✂ Wear shoes that will stay on your feet! Please, no flip flops.
- ✂ You'll probably want to bring a change of clothes, shoes, and a towel for after your trip.
- ✂ In the spring and fall, you will want some extra layers. Fleece jackets, long underwear, and a wool or fleece hat work well. Cotton will not keep you warm when it gets wet so it is not appropriate for river wear.
- ✂ Bring items which might be needed for medical considerations. Some examples are Epi-pens for known bee sting or food allergies, inhalers for asthma, and extra food for someone living with diabetes. If your trip includes lunch, please let us know if you have special dietary needs.
- ✂ Rafting is a participation sport. Participants should be reasonably fit, and in good health.
- ✂ A signed Assumption of Risk and Waiver of Liability will be required for each participant. Each child under 18 is required to have a parent, guardian, or chaperone sign for the minor. Each child over 14 and under 18 will be required to sign the Assumption of Risk portion of his/her waiver, in addition to the responsible adult's signature. It is helpful to print and fill out the form out ahead of time and bring it with you.
- ✂ Anyone under the influence of drugs or alcohol will not be permitted on the rafting trip. No refund will be offered.
- ✂ We have waterproof cameras, sunscreen, eyeglass retainers, t-shirts, inexpensive river shoes, snacks and drinks available in our store.
- ✂ You will also be able to look at and purchase photo cd's of your trip. If you would like a group photo please let us know and we'll do our best to make it happen.

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