

PROJECT FORM

CAMP CADIZ | JUNE 26-30, 2016



PLEASE SUBMIT PROJECT FORM TO THE LITTLE RIVER BAPTIST ASSOCIATION OR EMAIL TO ANDREAHAMPTON13@GMAIL.COM BY JUNE 1, 2016.

Project Recipient:

Name: _____ Phone: _____

Address: _____

Homeowner Renter - Homeowner _____ Phone: _____

Reason for submittal:

Low income (unable to pay for materials and/or labor to complete job)

Disabled/Disadvantaged Elderly Other _____

Type of Project:

Construction Painting/Staining Yard Work Demolition

Gutter Cleaning Food Ministry (hot meal delivered at lunch time)

Please complete information at bottom for food ministry.

Other _____

Project Description/Additional Information: _____

Does the location have an outdoor electric outlet? If so, where? _____

Does the location have an outdoor water hydrant? If so, where? _____

All projects are reviewed, evaluated and prioritized by Camp Cadiz Project Leaders. Unfortunately, not all projects can be completed due to insurance regulations, resources and allotted time. Please indicate below if there is a preferred day and time for the project to be completed, and we will attempt to schedule at the requested time.

any day Monday 6/27 Tuesday 6/28 Wednesday 6/29 Thursday 6/30

any time morning - 7:30-11:30 am afternoon - 12:30 -3:30 pm

Is the recipient aware they have been submitted? yes no

Submitted By: _____ Phone: _____

PLEASE COMPLETER FOR FOOD MINISTRY RECIPIENTS ONLY:

How many are in the household? _____

Food Allergies: _____

Dietary Restrictions: _____

Does the person have:

refrigerator/freezer additional freezer stove microwave

CAMP CADIZ USE ONLY PLEASE

Project #: _____ Scheduled Date/Time: _____

Team Assigned: _____ Est. Work Hours: _____

Special Tools/Supplies: _____

Please sign the release on the back of this page.

Resident Release:

I, the undersigned (also known as the resident), agree to and accept all construction or renovation work that is performed on my home (dwelling) by Little River Baptist Association, Trigg County, Kentucky and their representatives. Further, I waive any right to bring legal action against Little River Baptist Association, Trigg County, Kentucky, its licensees, successors, legal representatives and assignees upon completion of said construction or renovation work. I also hereby release all claims and forever hold harmless the directors, employees, and agents of Little River Baptist Association, Trigg County, Kentucky from any and all claims related to work performed on my home (dwelling). I agree that Little River Baptist Association, Trigg County, Kentucky will complete ONLY repairs listed on this form that are started during project week. Little River Baptist Association, Trigg County, Kentucky and their representatives are not responsible for the completion of any repairs listed on this form, which are not started during the project week. By signing this document the resident hereby gives Little River Baptist Association, Trigg County, Kentucky its licensees, successors, legal representatives and assignees, the absolute and irrevocable right and permission to use the resident's name and to use, reproduce, edit, exhibit, project, display, copyright, publish photographic images and/or moving pictures *and/or* videotaped images of the resident with or without resident's voice, or in which the resident may be included in whole or in part, photographed, taped, videotaped, *and/or* recorded during the duration of the project, and therefore to circulate the same in all forms and media for art, advertising, trade, competition, of every description *and/or* any other lawful purpose whatsoever. The resident also consents to the use of any printed matter in conjunction therewith.

The resident also waives any right to inspect *and/or* approve the finished product or products or the editorial, promotional, or printed copy of soundtrack that may be used in connection therewith and any right that I may have to control the use to which said product, products, copy and/or soundtrack may be applied.

Please complete and sign below (not valid without signatures):
NO WORK CAN BE PERFORMED WITHOUT SIGNATURES

Resident Signature: _____ Date: _____

Project Coordinator Signature: _____ Date: _____

Notes/Measurements:
