

# 2010 Mission St Petersburg Release Form

(To be filled out by both Students and Adult Leaders)

Name of Participant (please print) \_\_\_\_\_

(Church Name) \_\_\_\_\_

## Liability Release Agreement

I/we understand that there are inherent risks involved in any mission trip, and I/we hereby release Central Florida District NYI, Victory Church of the Nazarene, and CrossPointe Church of the Nazarene, its staff and volunteer workers from any and all liability due to any injury, loss or damage to person or property that may occur during the course of my/our involvement with the Mission St Pete. I understand that during the week participants may be photographed or video taped for promotional materials.

## Transport Home Agreement for Students

I/we, the undersigned, are the parents having legal custody or the legal guardians of the above named participant, a minor, have given our consent for him/her to attend a mission trip operated by Central Florida District/ Victory Church/CrossPointe Church, or are of legal consenting age myself. I/we understand that a member of the staff or the lead adult of our group may need to send a participant home as a result of illness or discipline problem. I/we understand if the participant named above is dismissed from the mission site, I/he/she will be transported home at my/our expense. The lead adult of our group will attempt to contact the parent or guardian to arrange such transportation.

## Medical Release Agreement

I/we the undersigned, are the parents having legal custody, or the legal guardians of the above named participant, a minor, have given our consent for him/her to attend a mission trip operated by Central Florida NYI or are of legal consenting age myself. In the event that I/he/she is injured while attending the trip and requires the attention of a doctor, I/we consent to any reasonable medical treatment as deemed necessary by a licensed physician. In the event treatment is called for, which a physician and/or hospital personnel refuses to administer without my/our consent, I/we hereby authorize \_\_\_\_\_, the lead adult of our group, or a member of the NYI staff to give such consent for us if I/we cannot be reached by telephone at one of the numbers listed below, or because of an emergency, there is not time or opportunity to make a telephone call. In the event it becomes necessary for that person to give consent for us, I/we agree to hold such person free and harmless of any claims, demands or suits for damages arising from the giving of such consent so long as the treatment is administered by or under the supervision of a licensed physician. I/we also acknowledge that I/we will be ultimately responsible for the cost of any medical care should the cost of that care not be reimbursed by the health insurance carrier. Further, I/we affirm that the health insurance information provided below is accurate at this date and will, to the best of my/our knowledge, still be in force for the participant named above at the time of the mission trip.

Full Name \_\_\_\_\_ Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_

Home Address \_\_\_\_\_

Phone \_\_\_\_\_ Cell # \_\_\_\_\_

Date of Last Tetanus Shot \_\_\_\_\_

Known Allergies \_\_\_\_\_

Current Medications or Health Conditions  
\_\_\_\_\_  
\_\_\_\_\_

Please attach a copy of your insurance card to this form.

\*We are not requiring participants to get Tuberculosis testing.

**(2010 Participant Release Form Continued)**

**Emergency Contact Information**

1) \_\_\_\_\_ 2) \_\_\_\_\_

Relationship to Participant \_\_\_\_\_ Relationship to Participant \_\_\_\_\_

Home Phone \_\_\_\_\_ Home Phone \_\_\_\_\_

Work Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

Cell Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

**Insurance Information**

Name of health insurance company \_\_\_\_\_

Health insurance policy number \_\_\_\_\_

Phone/address of health insurance company \_\_\_\_\_

Name of policy holder \_\_\_\_\_

Policy holder's phone number \_\_\_\_\_

**Participation on a NYI trip is contingent upon compliance with all the policies stated on the previous page.**

Liability Release

Transport Home

Medical Release

Participant/Adult Leader (Signature) \_\_\_\_\_ Date \_\_\_\_\_

(Print) \_\_\_\_\_

Parent/Guardian (1) (Signature) \_\_\_\_\_ Date \_\_\_\_\_

(Print) \_\_\_\_\_

Parent/Guardian (2) (Signature) \_\_\_\_\_ Date \_\_\_\_\_

(Print) \_\_\_\_\_

## **2010 Mission St Pete Youth Covenant**

In order to have a safe and life-changing mission experience, clear expectations are needed between all who are involved. We desire to serve communities without bringing them any harm. As a result, we ask all participants of the NYI trip, to agree to the following expectations in accordance with the purpose of a NYI mission trip. The goal of the covenant is to ensure the knowledge of NYI policies, solidify your commitment to your group, and demonstrate your respect of the community you will be serving.

- Because I want to truly help others as Jesus did, I agree to bring a servant, joyful attitude. I understand that I am on the trip to serve God, help a community, build new relationships, and learn new things. I agree to come prepared to do so!
- Because I am aware that my actions have consequences beyond myself, I agree to obey all local laws and ordinances pertaining to use of drugs and alcohol by minors. I will not bring weapons, illegal substances or use illegal substances on any NYI controlled ministry sites, on the property of our ministry partners, or in vehicles of any NYI participants.
- Because I want nothing to distract me in this short week of serving others and because valuables are more susceptible to theft at a mission site, I understand that I am not to bring to the site an iPod, Discman, electronic games, lap top, mp3 player, portable DVD player or any other device that could potentially isolate me from those around me.
- Because I want to remain focused on the people and experiences at the mission site, and out of respect for the policies of NYI ministry and housing partners, I will consider leaving my cell phone at home. If I choose to bring my cell phone, I understand that I will only be allowed to use it during approved times and that I will also risk theft or loss. I understand that my parents will be given instructions on how to contact my adult leaders in the event that they need to reach me.
- Because I am coming and returning with a group, I agree that this mission week is a group experience. I will do my best to build community, create relationships, be welcoming, and include others. I agree to treat everyone – leaders, staff, other groups, and community members – with the utmost respect.
- Because I know that how I treat people's things makes a statement, I agree that I will respect the property of all participants, the community members, and the housing site in which we stay. I will conduct myself as a representative of Jesus Christ at all times, remembering the purpose of the trip and my responsibility as a witness to the community.
- Because I know that my parents and leaders care about my well-being, and because I want to be safe, I agree to stay within the designated NYI boundaries, stay in groups of three or more, respect gender specific areas (sleeping rooms, restrooms and showers) and refrain from using my cell phone in these areas due to privacy concerns, follow rules at the ministry sites and communicate with my group.
- Because I know that I am representing Jesus Christ and want to respect the people around me. I agree to follow the clothing policy. I understand that the way I dress can affect my ministry and I will respect my group, the community, and myself by dressing modestly.

***I agree to follow all of the above expectations because I desire to represent Jesus in a positive manner at all times.***

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Participant Signature Date

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Parent/Guardian Signature Date

***Bring Signed Form to Site***