

*Mission Trip Covenant*  
**HOLY CROSS EPISCOPAL CHURCH**

**Non-Negotiables**

1. I will respect the property, needs and integrity of others; personally, sexually and racially; and agree not to participate in any inappropriate sexual or violent behavior.
2. I will not bring or use alcohol, illegal drugs or tobacco products of any kind to any event.
3. I will not bring or use firearms, explosives, knives or fireworks.
4. I will not leave the host site or prescribed boundaries without the permission of an adult advisor.
5. I will not misuse or willfully damage the property of others or the facility or grounds of the host site.

**Jackson's Non-Negotiables**

- TV remains turned off
- Computers are off-limits
- Electronic Devices - like radios, alarm clocks, stereos are left alone
- Keep hands and food away from animals
- Food and Drinks are kept off of carpets
- Outside quiet hours begin at 10 pm
- ~~Adults only~~ *Adults only* dining room

## Expectations

1. I will be present for the entire event and participate fully in all scheduled activities including community chores.
2. I will work hard and to the best of my ability on the tasks I am assigned. I will be on time.
3. I will act in a mature manner at all times; I will not bicker, taunt, yell or use foul language and I will respect others' spaces.
4. I will respect and abide by the schedule and expectations of the design team regarding curfew, quiet times, sleeping areas and equipment use.
5. I will not let something "fester". I will go to a leader for conflict resolution.
6. I will be accountable for my actions and "own" them.
7. I will treat others as I would want to be treated.
8. I will not use electronic equipment during this event, including cell phones, pagers or personal stereos, etc. as it is disruptive to the community.
9. I will bring an openness to grow in faith, always make room for Jesus, get to know others better and have fun.
10. I will tend properly to my personal hygiene.

I understand that the agreements on both pages are designed to make this the best and safest event possible. I promise to adhere to these non-negotiable regulations and expectations while I am a participant at this event. I understand that if I choose to break the non-negotiables at any time during the event I will be removed from the community, my parents will be called and I will be sent home at my own expense. If I choose to break expectations of the event the leaders will determine appropriate consequences.

Participants Signature \_\_\_\_\_ Date \_\_\_\_\_

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

**Holy Cross Episcopal Church**  
**PERMISSION & RELEASE FORM**

Youth Name: \_\_\_\_\_ Gender: \_\_\_\_\_ T-shirt size: \_\_\_\_\_  
Birthdate: \_\_\_\_\_ Home Phone: \_\_\_\_\_ Youth Cell Phone: \_\_\_\_\_  
Address: \_\_\_\_\_ City, State, Zip: \_\_\_\_\_  
Mother Email: \_\_\_\_\_ Mother Cell: \_\_\_\_\_  
Father Email: \_\_\_\_\_ Father Cell: \_\_\_\_\_  
Parent/Guardian Name(s): \_\_\_\_\_

**Parent/Guardian Release**

\_\_\_\_\_ (full name of participant), has my permission to participate in the 2011 Summer Mission trip. I understand that all reasonable safeguards will be taken but that Holy Cross Episcopal Church and the leaders of this event are not responsible for accidental injury. In case of medical emergency, I the parent or legal guardian of \_\_\_\_\_, a minor, hereby authorize and consent to any x-ray examination, anesthetic, medical or surgical diagnosis or treatment and hospital care which is deemed advisable by, and is to be rendered under, the general or special supervision of any licensed medical personnel on the staff of and any licensed hospital. This authorization is given in advance of any specific diagnosis, treatment or hospital care required, but is given to provide authority and power to render care, which is deemed advisable in the best judgment of the physician.

Date: \_\_\_\_\_  
Signature (Parent should sign in the presence of a notary): \_\_\_\_\_  
Date of last tetanus shot: \_\_\_\_\_ Any food or drug allergies: \_\_\_\_\_  
Family Physician: \_\_\_\_\_ Phone: \_\_\_\_\_  
Family Dentist: \_\_\_\_\_ Phone: \_\_\_\_\_  
Insurance Company: \_\_\_\_\_ Phone: \_\_\_\_\_  
Name of policy holder: \_\_\_\_\_ Phone: \_\_\_\_\_  
Policy Number \_\_\_\_\_ Special Needs: \_\_\_\_\_  
Medical Diagnoses or Medication: \_\_\_\_\_

Please check the medications your youth may receive:  Acetaminophen (Tylenol),  Ibuprofen (Motrin),  
 Naproxen Sodium (Aleve),  Antihistamines (Benadryl),  Decongestant (Sudafed),  
 Sore throat spray (Chloraseptic),  Cough Lozenges (Halls Cough drops),  
 Cough medicine (non-narcotic like Delsym),  Antacids (Malox),  Anti-diarrhea medication (Imodium),  
 Basic non-invasive first aid (disinfecting creams, topical ointment, sunburn lotion, etc)

If I cannot be reached, please contact: \_\_\_\_\_  
Phone: ( \_\_\_\_\_ ) \_\_\_\_\_ - \_\_\_\_\_ Relationship: \_\_\_\_\_

**Please include a copy of your insurance card**

Please have this form signed, notarized and sealed.

Signature of notary Public \_\_\_\_\_ My commission expires \_\_\_\_\_

Dated \_\_\_\_\_ Seal of Notary

*HOLY CROSS*  
*2011 Summer Mission Trip*

I release Holy Cross to record my/my child's likeness via still photo, video or audio recordings for use as promotional material for the congregation. I understand that these recordings may be edited at the discretion of the congregation and that they may be published in promotional videos, brochures, brochures, congregational newspapers and congregational websites. I hereby waive all rights to compensation for the use of these recordings.

Participants Signature \_\_\_\_\_ Date \_\_\_\_\_

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_