

Westminster Presbyterian Church
2021 Youth Mission Trip
July 11 – July 17, 2021

TEAM MEMBER COVENANT

A covenant is a formal, solemn agreement/promise made between two parties, and is the heart of the Presbyterian understanding both of our relationship with God and of our life as a church. WPC covenants with mission trip participants to do everything in our power to provide a safe, meaningful, and transformative experience, not just for the week of the mission trip, but in our time together preparing for this opportunity.

PLEASE PRINT (Mission Team Member Name)

I promise to...

1. Respect and follow all rules (**including safety**) of the mission (based on WPC & Ferncliff guidelines).
2. Refrain from using alcohol, cigarettes, and illegal drugs.
3. Refrain from inappropriate sexual behavior.
4. Participate in all scheduled meetings and fundraisers and honor all meeting times.
5. Sleep in my assigned room so that I may be reached in case of emergency.
6. **Leave cell phones, iPods, iPads, CD players, radios, headphones, and other electronic gear behind for the duration of the mission.** (Exception for adult leader positions)
7. Speak directly to the mission coordinator(s) or assigned group leader if I have questions, complaints, concerns, or compliments, (before, during, and after the Mission).

I understand that I will be removed from the team or sent home from the mission trip if I fail to abide by the rules and regulations set forth in this covenant, and the Ferncliff guidelines.

Participant's Printed Name: _____

Participant's Signature: _____ Date: _____

Parent or Guardian's Name: _____

Parent/Guardian Signature: _____ Date: _____

Westminster Presbyterian Church, Springfield, Illinois
LIABILITY RELEASE, WAIVER, DISCHARGE AND AGREEMENT NOT TO SUE

1. I, _____, desire for my son / daughter/ minor under my supervision and control (check one), _____ (the "Minor"), to participate in the following activity/trip associated with Westminster Presbyterian Church, Springfield, Illinois, (the "Church"), **2021 Mission Trip** (the "Activity"), on the following date, **July 11 – July 17, 2021**.

2. I fully understand and appreciate the dangers, hazards, and risks inherent in the Activity, in the transportation to and from the Activity, and in the independent activities that the Minor may undertake supplemental to the Activity, and that such activities will include instruction in and use of power tools. I further understand that transportation to and from the Activity may be conducted by any of the Church's staff, elders, officers, employees, agents, volunteers, contractors or representatives, either by operation of a Church-owned vehicle, an individual's personal vehicle, or any other mode of transportation deemed appropriate. These dangers and risks can result in injury and impairment to the Minor's body, general health, well-being, and could include serious or even mortal injuries and property damage.

3. Knowing the dangers, hazards, and risks of such activities, and in consideration of the Minor being permitted to participate in the Activity, on behalf of myself, the Minor, my family, heirs, and personal representative(s), and the Minor's family, heirs, and personal representative(s), I agree to assume all the risks and responsibilities surrounding the Minor's participation in the Activity, the transportation to and from the event, and in any independent activities undertaken as supplemental, and to release, waive, forever discharge, and covenant not to sue the Church and the Church's pastoral staff, elders, officers, employees, agents, volunteers, contractors or representatives (the "Releasees") from and against any and all liability for any harm, injury, damage, claims, demands, actions, causes of action, costs, and expenses of any nature that the Minor may have, or that may hereafter accrue to the Minor, arising out of or sustained by the Minor or by any property belonging to the Minor, whether caused by the negligence or carelessness of the Church or Releasees or otherwise, while on, upon, or in transit to or from the premises where the Activity, or any supplement to the Activity, occurs or is being conducted.

4. I understand and agree that the Church and the Releasees are granted permission to authorize emergency medical treatment for the Minor, if necessary, and that such action by the Church or the Releasees shall be subject to the terms of this Agreement. I understand and agree that the Church and the Releasees assume no responsibility for any injury or damage which might arise out of or in connection with such authorized emergency medical treatment.

5. In signing this Release, I acknowledge and represent that I have carefully read this Agreement and understand its contents, and that I sign this document as my own free act and deed. I further state that I am at least eighteen (18) years of age and fully competent and qualified to sign this Agreement as the Minor's parent or legal guardian; and that I execute this release for full, adequate, and complete consideration fully intending to be bound by same.

6. I further state that there are no health-related reasons or problems which preclude or restrict the Minor's participation in this Activity, and that the Minor has adequate health insurance necessary to provide for and pay any medical costs that may be attendant as a result of injury.

7. I further agree that this release should be construed in accordance with the laws of the State of Illinois. If any term or provision of this Release shall be held to be illegal, unenforceable, or in conflict with any law governing this Release, the validity of the remaining portions shall not be affected thereby.

THIS IS A RELEASE OF LEGAL RIGHTS. READ AND BE CERTAIN YOU UNDERSTAND BEFORE SIGNING.

Name of Minor: _____ Name of Parent/Guardian: _____
(Print) (Print)

Relationship to Minor: _____

Signature of Legal Guardian: _____ Date: _____

EMERGENCY CONTACT FORM

The information listed below will be used in case of emergencies, and will be used in any phone trees or other forms of mass communication, such as updates on group arrival time back in Springfield. **Please ensure that the numbers and email addresses below are the best way to contact you at any hour.**

Emergency contact/Mass communication contact:

Name of Participant: _____

Emergency Contact Names: (primary & secondary emergency contacts)

1) Name: _____

Address: _____

Phone Number: _____

Email: _____@_____

2) Name: _____

Address: _____

Phone Number: _____

Email: _____@_____