

# Myers Park Presbyterian Church CROSS Mission Program

## Medical and Liability Release Form

*Youth and Adult CROSS participants please fill out the following section:*

Note to Participants: This form (1) waives Myers Park Presbyterian Church from all liabilities from damage, injury, illness, death to CROSS participants (2) gives the CROSS staff and your group leader's authorization to secure medical aid for your youth should it be necessary.

I/We the undersigned parent(s) or guardian(s) of (**youth participant**) \_\_\_\_\_ or the adult participant (**adult participant**) \_\_\_\_\_ hereby acknowledge that participants will be participating in the CROSS Mission experience or related activities and will be using facilities at the mission team participants' own risk. I/We on our own behalf, hereby release, discharge and indemnify Myers Park Presbyterian Church, its directors, officers, employees, agents and all volunteer personnel from all liabilities, claims and causes of actions or action of any type whatsoever arising out of or in any way connected with my participation in the activities of CROSS Mission, including but not limited to liabilities of damage, injury, illness and death to the mission participants or their property during their participation in or travel to or from any CROSS Mission experience or related event. I/We agree to pay any and all expenses incurred by group participant for damage, injury, illness, accident, and death.

I/We the undersigned hereby authorize any hospital, clinic, physician, doctor, nurse, or technician to furnish my youth, named above, any medical care and treatment necessary as a result of injuries sustained, or other emergency medical care and treatment as the circumstances require, while at the church, while being transported from and back to the church, and while at the place of destination. I/We the undersigned further authorize a representative of Myers Park Presbyterian Church or \_\_\_\_\_ (your church name) to retain or acquire said medical care and treatment in behalf of the undersigned as if personally done by me/us.

This \_\_\_\_ day of \_\_\_\_\_ (Month), \_\_\_\_\_ (Year).

Emergency Contact: \_\_\_\_\_ Relation: \_\_\_\_\_

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

Phone Number: HOME (\_\_\_\_) \_\_\_\_\_ Work Number of Contact stated above (\_\_\_\_) \_\_\_\_\_

Participant Name: \_\_\_\_\_

Insurance Information: \_\_\_\_\_

Group Number: \_\_\_\_\_

Physician: \_\_\_\_\_ Phone #: (\_\_\_\_) \_\_\_\_\_

Please circle if you have been or being treated for any of the following:

Diabetes	Elevated Cholesterol	Asthma	Other: _____
High Blood Pressure	Back Pain	Heart Disease	
Epilepsy	Muscular Problems	Arthritis	Date of last tetanus shot: _____

Please list all medications that you are currently taking: \_\_\_\_\_

**ALLERGIES:** \_\_\_\_\_

**By signing below, indicates I have filled out the above information correctly and will abide by the GROUP COVENANT accompanying this form. I also permit the taking and use of photographs, audio, and video of my children/myself at Myers Park Presbyterian Church to be used in church publications and materials only. I relinquish any right to examine and approve the completed materials prior to publication and release Myers Park Presbyterian from any liability.**

Signed, CROSS participant (adult and youth) \_\_\_\_\_

Parent(s)/Guardians(s) of youth under 18 only \_\_\_\_\_

## **Covenant for CROSS Mission Trips**

*For Adult and Youth Participants*

- ↪ I know that I am loved and appreciated as a child of God. Therefore, I will make an effort to get to know and treat others as children of God during the mission trip.
- ↪ I understand that I represent not only my home church and the CROSS program at Myers Park Presbyterian Church, but the love of Jesus Christ in the world. Therefore, I will conduct myself in a manner which shows Christ's love and grace at ministry sites I visit, at Myers Park Presbyterian Church where I will be sleeping/eating/recreating and at various places my group visits during the time spent in Charlotte, NC. If inappropriate behavior occurs at ministry sites the individuals may be asked to be dismissed from the program.
- ↪ I will not use language that is not appropriate for church and will degrade or embarrass others.
- ↪ I will leave ALL electronic devices (CD/MP3 players, cell phones, IPODS, etc) at the church/van instead of bringing them with me to sites. These items isolate me from other and divert my attention from the mission purpose of serving others instead of myself. (adults may bring cell phones)
- ↪ I will not be alone during the week, which means adults need to be in MPPC buildings that are occupied by youth and that youth need to travel in pairs to and from buildings at MPPC.
- ↪ I will not give money or identification information such as address or phone numbers to anyone I meet at ministry sites. We are there to provide our time and talents, not our treasures.
- ↪ I will dress appropriately, meaning I will dress in clothing that is not too revealing, unkempt or tight. I am portraying an image of God to others and I do not want my appearance to detract from my witness.
- ↪ I understand that the use of and/or possession of alcoholic beverages, and any illegal medications (those you cannot buy over the counter at a drug store and/or those that have not been prescribed by a doctor for you) will not be tolerated under any circumstances. I understand if these substances are found in my possession, emergency contacts will be notified and I will be dismissed from the CROSS program.

I understand that violation of any part of this covenant will result in appropriate actions which may involve calling emergency contacts or in extreme cases being dismissed from the CROSS program. This covenant is meant to be signed by each CROSS participant both adult and youth and the parents of youth. It is not meant to be a contract, but rather a commitment to an experience in which God will be at work in your life and in the life of others.

(By signing the bottom of the medical form you agree to abide by this covenant.)