## **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 my 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 that 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 my time spent in Charlotte, NC. If inappropriate behavior occurs at ministry sites, individuals involved may be dismissed from the program.
$\hfill \square$ I will not use inappropriate language that will degrade or embarrass others.
☐ I will leave ALL electronic devices (tablets, cell phones, etc) at the church or in the van instead of bringing them with me to sites. These items isolate me from other and divert my attention from the purpose of serving others instead of myself. (Adults may bring their cell phones.)
☐ I will not be alone during the week, which means I will always stay with my adult leaders and I will use the buddy system at MPPC and at ministry sites.
☐ I will not give money or any personal identification information, such as my address or phone number, or personal social media information to anyone I meet at ministry sites. We are there to provide our time and talents, not our material possessions.
☐ 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, my 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 that 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, including adults, youth, and the parents of youth. It is not mean to be a contract, but rather a commitment to an experience in which God will be at work in your life and in the lives of others.
(By signing the bottom of the medical form you agree to abide by this covenant.)

## 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 participal participant (adult participant) participant (adult participant) participating in the CROSS Mission experience or related activities participants' own risk. I/We on our own behalf, hereby release, dis its directors, officers, employees, agents and all volunteer personr action of any type whatsoever arising out of or in any way connect Mission, including but not limited to liabilities of damage, injury, illn property during their participation in or travel to or from any CROS pay any and all expenses incurred by group participant for damage I/We the undersigned hereby authorize any hospital, clinic, physicinamed above, any medical care and treatment necessary as a rescare and treatment as the circumstances require, while at the churchurch, and while at the place of destination. I/We the undersigned Presbyterian Church or (you and treatment in behalf of the undersigned as if personally done by	hereby acknowledge that participants will be and will be using facilities at the mission team scharge and indemnify Myers Park Presbyterian Church, lel from all liabilities, claims and causes of actions or led with my participation in the activities of CROSS less and death to the mission participants or their S Mission experience or related event. I/We agree to le, injury, illness, accident, and death.  an, doctor, nurse, or technician to furnish my youth, lult of injuries sustained, or other emergency medial lich, while being transported from and back to the diffurther authorize a representative of Myers Park
This day of ( <u>Month</u> ),	
Emergency Contact:F  Home Address:  Phone Number: HOME () Work Nu	
Participant Name: Insurance Information: Group Number:	
Physician:F  Please circle if you have been or being treated for any of the follow Diabetes Elevated Cholesterol Asthma High Blood Pressure Back Pain Heart Disease Epilepsy Muscular Problems Arthritis  Please list all medications that you are currently taking:	ving: Other:  Date of last tetanus shot:
Signed, CROSS participant (adult and youth)	and use of photographs, audio, and video of my I in church publications and materials only. I aterials prior to publication and release Myers Park
Parent(s)/Guardians(s) of youth under 18 only	