

St. Mary's Episcopal Church • Community Covenant for ALL & Permission Form for Youth
800 Rountree Street • Kinston, NC 28501 • (252) 523-6146

(Participant Name)	(DOB)	(Phone)
(Street Address)	(City)	(State)
		(Zip)

Participating in the 2018 Glory Ridge Mission Trip is a privilege. I agree to live by the following Community Covenant. Choosing to violate any part of the Community Covenant, listed below, will result in immediate parent notification and removal from the community. Breaking any of these rules will result in being sent home as soon as possible at the expense of the person in violation.

Non-Negotiable Rules

1) Using, possessing or arriving under the influence of illegal drugs, prescription drugs not prescribed to you, alcohol or tobacco of any kind; 2) Inappropriate sexual behavior; 3) Possession of firearms, knives, fireworks, other explosives or any other kind of weapon; 4) Possession of live animals; 5) Unauthorized use or mistreatment/destruction of the facilities/grounds of the site where the event is being held, where housing is located or any other location that may be a part of the above described event; 6) Leaving the designated areas or grounds without permission of the event leader(s) or adult chaperone(s). *In addition, participants are expected to respect the dignity of all other participants, program volunteers and any other individuals involved in the above-described activities.*

I, _____, have read and understand the above Community Covenant. By signing below I accept responsibility for the consequences should I choose to break any part of the Covenant.

(Signature of Participant)	(Date)
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For YOUTH Participants, a parent/legal guardian must complete the rest of this form:

I, as parent or legal guardian of the above named participant, have read the above and the accompanying information and do, by signing below give permission for my youth to participate in the 2018 Glory Ridge Mission Trip sponsored by St. Mary's Episcopal Church. While I understand that St. Mary's and its representatives will do all in their power to look after my child safely and responsibly, I release St. Mary's and its volunteers, agents, and employees from any and all liability for circumstances, losses, damages, or expenses of any and every kind whatsoever which may arise from my child's participation in these activities. I agree to indemnify and save harmless these parties from all claims of cause of actions in connection therewith.

I also understand that in the event of illness or accident, the accompanying chaperone(s) will immediately seek the necessary medical assistance and contact the undersigned. By signing below, I give my child permission to participate and the chaperone(s) in charge authority to obtain any medical services deemed immediately necessary and agree to be financially responsible for any expenses incurred.

(Signature of Parent or Guardian)	(Date)	(Phone)
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While we seek to obtain this release for insurance and other legal purposes, we take our responsibilities and the safety and wellbeing of all participants very seriously and will look after your child and all participants with the utmost care. If you have any questions regarding this, please contact Tom Warren at (252) 523-6146 at St. Mary's Episcopal Church.

Please give the name and emergency contact information for **2 people OTHER THAN YOU (parents or guardians)** who can be contacted in case you, the parent(s) or guardian cannot be reached.

(Name & Relationship to youth)	(Primary Phone)	(Secondary Phone)
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(Name & Relationship to youth)	(Primary Phone)	(Secondary Phone)
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As the parent or legal guardian of _____, I have read and understand the above Community Covenant. By signing below I accept the consequences should my child choose to break it, including any and all financial responsibility for damages incurred to individuals or property.

(Signature of Parent or Guardian, as applicable)	(Date)
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