



OKLAHOMA CITY MISSION TRIP

JUNE 18-22, 2018

INCOMING 7TH & 8TH



OKC MISSION TRIP 2018

DATES:

June 18 – 22, 2018

COST:

\$475 before April 1st, **\$525** after April 1st

Full payment is due June 4th.

This year will be our fourth year of traveling to Oklahoma City. The last three years have been an incredible experience for both leaders and students and we are so excited to see what God has in store this year!

We will be partnering with Vine Community Church and Hope House, an organization that provides housing for homeless families while they get on their feet. Students will have the opportunity to serve and learn about the city in a variety of ways.

How are we getting there?

We will be taking vans to Oklahoma city, which will also serve as our main transportation while on the trip. We will leave Covenant on the morning of the 18th, and return on the afternoon of the 22nd.

Where will we be staying?

We will be staying at Hope House in two new buildings that will not be utilized until the fall, which gives us a perfect place to stay. There will be a boys house and a girls house.

What will we be eating?

Breakfast will be eaten at the houses and most days we will be packing a lunch to take to our mission site. Dinner will be eaten out at different restaurants throughout the city.

What do I bring?

As we get closer to the trip, a packing list will be sent out.

Who will the leaders be?

Our Mission Trip leaders will be a mixture of staff, D*Group and lay adult leaders. We always are sure to keep a ratio of 1 adult leader for every 6 students.

What exactly will we be doing?

Throughout the week, students will be introduced to different areas of need in Oklahoma City, which are very similar to those of Austin.

We will be serving dinner in a city rescue mission, helping sort donated clothes for the homeless and rescued human trafficking victims, and much more. Our main coordinator Treb Praytor, who is the Lead Pastor of Vine Community Church, was a youth pastor for a number of years and has the perfect background to lead an age appropriate yet engaging trip for our middle school students.

What do you need from me?

The non-refundable deposit of \$100 is due when you register, and the remaining balance is due on June 4th. We also need your attached waiver and release of liability/medical emergency form for Covenant.

All of these things can be sent to:

Covenant Presbyterian Church
ATTN: Whitney Bell
3003 Northland Drive
Austin, TX 78757

Cancellation Policy

All deposits are non-refundable.

In the the unlikely event that a student should have to back out after May 22nd, your family will be responsible for the entire cost of the trip. However, if another student is found to replace their spot, you will no longer be responsible for the total cost.

WAIVER AND RELEASE OF LIABILITY

I understand that Covenant Presbyterian Church (“the Church”) is sponsoring OKC mission trip from June 18-22, 2018 and that the Event involves driving to Oklahoma City, Oklahoma. In partial consideration for being allowed to participate in the Event, I understand and agree as follows:

1. I fully understand that participation in the Event may result in personal injury or property damage. Although I fully appreciate these risks, I desire to be allowed to participate in the Event. I further ACKNOWLEDGE AND UNDERSTAND THAT NO WARRANTY, EITHER EXPRESSED OR IMPLIED, is made by the Church regarding the Event, as to any conditions concerning the Event, THAT DANGEROUS CONDITIONS MAY EXIST AND THAT THIS DOCUMENT IS SUFFICIENT WARNING that travel to and from and my presence on the Event may expose me and my property to risks. I EXPRESSLY ASSUME ALL SUCH RISKS with the understanding that I am voluntarily exposing both my person and property to same.
2. For the privilege of being allowed to participate in the Event, I agree to fully release, indemnify and hold harmless Covenant Presbyterian Church, its Session consisting of the Board of Trustees, employees, agents, representatives, assigns, officers, affiliates, insurers, attorneys and all persons, natural or corporate, in privity with it or any of them (hereinafter collectively referred to as “Released Parties”), from any and all claims, causes of action, including any sort of personal injury or death which arises out of or occurs to the undersigned or his or her personal property or minor child while participating in the Event and while involved in any activities associated with the Event, including but not limited to lodging, meals and other accommodations and travel to and from the Event, REGARDLESS OF WHETHER SAME MAY RESULT FROM THE RELEASED PARTIES’ NEGLIGENCE OR GROSS NEGLIGENCE. I further agree for myself, my heirs, successors and assigns THAT I WILL NOT MAKE ANY CLAIM OR INSTITUTE ANY SUIT OR ACTION AT LAW OR IN EQUITY AGAINST THE RELEASED PARTIES OR THEIR RESPECTIVE HEIRS, SUCCESSORS OR ASSIGNS. I further covenant and agree that I SHALL DEFEND AND HOLD THE RELEASED PARTIES HARMLESS FROM ALL SUCH CLAIMS, SUITS OR ACTIONS BROUGHT NOW OR IN THE FUTURE BY ANY PERSON CLAIMING BY, THROUGH OR UNDER ME.
3. I understand that if I am sending my minor child or children, or bringing any minor child or children with me, on the Event, it is expressly understood that I am signing this Release on behalf of my minor child or children and that the Release and Indemnity paragraph above fully applies to said minors.
4. I understand and agree that the Released Parties are not responsible for any losses or additional expenses that I may incur due to delay or changes in air travel or other services, sickness, weather, strike, war, quarantine, acts of God or other causes. I understand that I will bear such losses or expenses, including damages incurred due to baggage loss and/or loss of personal possessions.
5. I understand and agree that once airfare has been arranged, I assume responsibility for payment of airline tickets, unless other arrangements have previously been made. I understand that if I cannot attend the Event or the Event is cancelled, I may still be responsible for full payment of the airline tickets.
6. I agree that the terms of this Waiver and Release of Liability shall be construed in accordance with the laws of the State of Texas and that jurisdiction and venue for any legal proceedings shall be in the courts of Travis County, Texas.

PARTICIPANT INFORMATION
_____ PARTICIPANT'S SIGNATURE
_____ PARTICIPANT'S PRINTED NAME
_____ PARTICIPANT'S ADDRESS
_____ DATE

MINOR CHILD'S INFORMATION*
_____ CHILD'S NAME
_____ CHILD'S AGE
_____ PARENT/GUARDIAN'S SIGNATURE
_____ PARENT/GUARDIAN'S PRINTED NAME
_____ PARENT/GUARDIAN'S ADDRESS
 <i>*IF APPLICABLE</i>

EMERGENCY CONTACT
_____ NAME
_____ ADDRESS
_____ CITY, STATE AND ZIP
_____ TELEPHONE
_____ CELLULAR TELEPHONE
_____ EMAIL
_____ RELATIONSHIP TO PARTICIPANT

MEDICAL EMERGENCY INFORMATION AND TREATMENT AUTHORIZATION

PARTICIPANT INFORMATION

STUDENT'S NAME _____

GRADE _____

DATE OF BIRTH _____ M/F

E-MAIL _____

HOME ADDRESS _____

CITY/STATE/ZIP _____

HOME PHONE _____

EMERGENCY CONTACT

PARENT/GUARDIAN NAME(S) _____

PARENT GUARDIAN HOME PHONE(S) _____

PARENT/GUARDIAN WORK PHONE(S) _____

PARENT/GUARDIAN CELL PHONE(S) _____

OTHER PERSON TO CONTACT IN CASE OF EMERGENCY _____

EMERGENCY CONTACT'S PHONE _____

DOCTOR AND INSURANCE

PHYSICIAN'S NAME _____

PHONE _____

MEDICAL INSURANCE COMPANY _____

PHONE _____

GROUP NUMBER _____

ID/POLICY NUMBER _____

NAME OF POLICY HOLDER/PRIMARY INSURED _____

MEDICAL INFORMATION

PERTINENT MEDICAL INFORMATION, E.G. ALLERGIES, MEDICATIONS (INSTRUCTIONS/DOSAGES), MEDICAL CONDITIONS. USE BACK OF FORM FOR ADDITIONAL WRITING SPACE.

DATE OF LAST TETANUS SHOT (OPTIONAL, BUT BENEFICIAL FOR YOUR SON OR DAUGHTER)

I hereby authorize participation by the student named above in the activities, retreats, and camps of the student ministry at Covenant Presbyterian Church.

In case of accident or serious illness, I request that the student ministry personnel contact me. If the student ministry personnel are unable to reach me using the contact information provided above, I hereby authorize and instruct them to call the physician indicated above and to follow his/her instructions. If the student ministry personnel are unable to contact me or the physician indicated, I hereby authorize the student ministry personnel to seek whatever medical attention/treatment they deem to be necessary or appropriate for the welfare of my child.

PARENT/GUARDIAN SIGNATURE _____

DATE _____

*PLEASE FILL OUT REVERSE SIDE

Urban Life Mission Participant Release and Waiver of Liability Form

I, the undersigned, am the parent or legal guardian of _____
(minor's name printed.) I understand that my child will be participating in a short-term mission trip to
Oklahoma City, Oklahoma (hereafter the "mission trip") on or about _____, 20____ to
_____, 20____.

I recognize that there are risks involved in participating in the mission trip and hereby assume all risk of
injury, harm, damage, or death in connection with my participation in it. I understand and agree that
neither **Urban Life Mission** nor its officers, directors, employees, agents or representatives may be held
liable in any way for any injury, harm, damage, or death that may occur to me as a result of my
participation in this mission trip and hereby release **Urban Life Mission** its officers, directors, employees,
agents and representatives from any injury, harm, damage or death, which may occur while my child is
participating in the mission trip. To the fullest extent permitted by law, I agree to save and hold
harmless **Urban Life Mission** its officers, directors, employees, agents and representatives from any
claim by myself, my estate, heirs, successors, assigns or other persons arising out my child's
participation in the mission trip.

Being the parent or legal guardian of _____ (minor's name
printed.) I _____ (parent/guardian's name printed) do consent to
any x-ray, anesthetic, medical, surgical, or dental diagnosis or treatment that may be deemed necessary
for my minor child. Further, I understand that all efforts will be made to contact me prior to treatment.
In the event I cannot be reached in an emergency, I authorize **Urban Life Mission** through its officers,
directors, employees, agents or representatives to render or obtain such emergency medical care or
treatment for my child as may be necessary should any injury, harm or accident occur to me while
participating in the mission trip.

I understand and acknowledge that **Urban Life Mission** does not provide health or medical insurance in
connection with the mission trip and I agree that I will be financially responsible for any bills incurred as
a result of medical treatment, including emergency medical treatment and/or transportation to a
medical facility, in connection with my participation in the mission trip.

Executed this _____ day of _____, 20_____.

Signature: _____

Printed Name: _____

Witness: _____



urbanlifemission.com | 405.698.3138 | @ulmission

Urban Life Mission Medical Information Form

Participant Information

Name		Date of Birth		M	F
()	()	()		Sex	
Home Phone	Work Phone	Cell Phone	E-mail		
Address					
City, ST ZIP Code					

Emergency Contact Information

Primary Emergency Contact		Secondary Emergency Contact	
()	()	()	()
Home Phone	Cell Phone	Home Phone	Cell Phone
Address		Address	
City, ST ZIP Code		City, ST ZIP Code	

Medical Information

Current Shots and Immunizations (list and date)

Primary Physician's Name	Phone Number
Insurance Company	Policy Number
Allergies/Special Health Considerations	