

IMPACT JOPLIN

STATEMENT OF BELIEF

- I affirm that there is only one true and living God revealed to us as the Holy Trinity – Father, Son and Holy Spirit. I affirm that salvation is offered freely by God to all who accept Jesus Christ as Lord and Savior, who by His own blood obtained eternal redemption for the believer.
- I affirm that Jesus Christ is our only way to heaven, and that there is no other power under Heaven or earth by which we can be redeemed.
- I believe that Jesus Christ is fully God and fully man.
- I affirm that the Bible is the divinely inspired word of God.
- I believe in the virgin birth of Jesus Christ.
- I believe that my atonement for sin was paid in full through Jesus Christ's death on a cross, and I believe that Jesus was resurrected from the dead.

Student Signature

Date

STUDENT AGREEMENT

By signing this agreement I (the student) understand that I am responsible for raising the full cost of my trip. I promise to actively participate in fundraising and understand that the amount of my participation will affect my overall portion of the proceeds raised.

I also understand that preparation for this trip is crucial and promise to attend the mission trip meetings and fulfill all of the requirements for participation. If I do not follow through with these things, I understand that I may be asked to give up my spot for another student willing to meet these requirements.

Finally, I agree to participate fully in the mission trip regardless of what obstacles we may encounter. I understand that mission work is hard and promise to give of my whole self, allowing Christ to work through me. I understand that we may sleep on the floor and our accommodations will be far from luxurious, that we will face some times where we are out of our comfort zones and we may even end up eating some meals that are a little different than we're used to, but I fully welcome these challenges as part of my mission trip experience.

Student Signature

PARENT AGREEMENT

By signing this agreement I (the parent) understand that my role in supporting my child monetarily, physically and mentally is equally as important as my child's responsibility. I promise to help my child in raising their funds and participating in mission trip meetings to the best of my ability.

I promise to help keep track of times and date to insure that my child is on time to meetings and events. I will do everything in my power to keep the leadership of the trip apprised of any conflicts or issues. I understand that my child may be asked to give up their spot on the trip if we fail to meet these minimum requirements.

Finally, I understand that I have a huge role in this trip. My attitude, words and actions will go a long way toward my child's success and I agree to support my child, Impact and its leadership in every way that I can.

Parent Signature

Parent Signature

PARENT RELEASE

Medical Information and Release of Liability:

CHILD'S NAME: _____

Please list any conditions your teen has that may be of concern. (Mobility impairments, past serious illnesses, etc.) _____

List any medications your child is presently taking. Do they need assistance with medication? _____

List and allergies your child has: _____

Do adult leaders have permission to dispense Tylenol, aspirin, Pepto-Bismol or other over the counter medications?
YES NO

Are there any over the counter medicines you DO NOT wish your child to take? _____

Any additional information about student's behavior, physical, emotional or mental health or any restrictions on activity.

In consideration for my child participating in Gateway Community Fellowship of Bismarck, ND events and activities, we (I), being 21 years of age or older, do for and on behalf of my child participant, if said child is not 21 years of age or older, do hereby release, forever discharge and agree to hold harmless Gateway Community Fellowship of Bismarck, ND, and the directors thereof from any and all liability, claims or demands for personal injury, sickness or death, as well as property damage and expenses, of any nature whatsoever which may be incurred by the undersigned and the child-participant that occur while said child is participating in the above described activity.

Furthermore, we (I) and on behalf of our (my) child participant if under the age of 21 years, hereby assume all risk of personal injury, sickness, death, damage and expense as a result of participation in recreation and work activities involved therein.

The undersigned further hereby agree to hold harmless and indemnify said church, its directors, employees and agents, for any liability sustained by said church as the result of the negligent, willful or intentional acts of said participant, including expenses incurred attendant thereto.

We (I) are the parents or legal guardian(s) of this participant, and hereby grant our (my) permission for him/her to participate fully in said activities, and hereby give our (my) permission to take said participant to a doctor or hospital and hereby authorize medical treatment, including but not in limitation to emergency surgery or medical treatment and assume the responsibility of all medical bills, if any.

Hospital Insurance YES NO Name of Insurance carrier _____

Policy Number _____ Group Number _____

Family doctor's name and phone number: _____

If participant is under 21, both parents must sign unless parents are separated or divorced, in which case, the custodial parent must sign.

_____	_____	_____	_____
Father	Date	Mother	Date
_____	_____		
Legal Guardian	Date		