

First Presbyterian Church of Charlottesville

**Summer Youth Mission Trip
Heifer Ranch in Perryville, Arkansas
June 17-22, 2012
Cost: \$450**

Application due Sunday, December 18

APPLICATION – Page 1 of 4

Participant's Name: _____

Participant's Home Phone Number: _____

Participant's Cell Phone Number: _____

Participant's Email: _____

Participant's Facebook Name: _____

Participant's Birthdate: _____ **Participant's Age on June 17, 2012:** _____

Participant will have completed this grade by the end of the 2011-2012 school year: _____

Parent(s)' Name(s): _____

Parent(s)' Email(s): _____

Parent(s)' Cell Phone Number(s): _____

Parent(s)' Facebook Name(s): _____

We have marked both of the following mandatory meetings on our calendars – check if yes:

Sunday, January 22, 2012
5:00-6:00 pm
Mandatory Pre-Trip Meeting #1
For youth and at least one parent

Sunday, June 3, 2012
10:05-11:05 am (during Sunday school hour)
Mandatory Pre-Trip Meeting #2
For youth and at least one parent

1) Why do you want to go on this mission trip?

2) How can our adult leaders best support you and help make this a positive experience for you?

Application Checklist

- All four pages** of this application must be fully completed **with required signatures on pages 2 and 4** (signature of parent on page 2 for FPC, signatures of both youth and parent on page 4 for Heifer).
- Check for \$450 made out to First Presbyterian Church with "2012 Youth Mission Trip" in the memo line

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**Permission and Medical Release Form
First Presbyterian Church of Charlottesville**

We are the natural parent(s) or legal guardians of _____,
who has my (our) permission to attend/participate in the 2012 Youth Mission Trip to Heifer Ranch in Perryville,
Arkansas, June 17-22 as part of the First Presbyterian Church Youth Ministry Program.

I (we) hereby authorize the Rev. Kimberleigh Wells as adult, or any other adult connected with First
Presbyterian Youth Ministry Program, to consent on my (our) behalf to any x-ray, examination, anesthetic,
medical or surgical diagnosis, treatment or hospital care to be rendered to the above named child under their
supervision and on advice of any duly licensed physician, when the need for such treatment is immediate and
when efforts to contact me (us) are unsuccessful.

I (we) shall be liable and agree to pay all costs and expenses incurred in connection with such medical and
dental services rendered to the child mentioned above.

I (we) further agree that unruly behavior shall not be permitted, and agree to support the Youth Ministry Staff
and Adult Leaders in the enforcement of appropriate rules and regulations. I (we) understand that serious
violations of these rules could result in my child's being sent home, at my (our) expense.

Parent's (Guardian's) Signature(s): _____

Date: _____

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HEIFER PROJECT INTERNATIONAL
EMERGENCY MEDICAL INFORMATION

Participant Information:

Name: _____ Birthdate: _____

Home Address: (Include City/State/Zip Code) _____

_____ Home Phone: _____

Medical conditions, allergies, or special needs that might affect your participation in programming or would need to be known in case of an emergency: _____

Medications you are currently taking: _____

Dietary Restrictions: _____

Emergency contact information (other than traveling companion):

Name: _____ Relationship to you: _____

Home phone: _____ Work Phone: _____ Cell Phone: _____

Physician's Name: _____ Office Phone: _____

Insurance: Heifer Project International requests each participant to be covered by health/accident insurance. This coverage may be provided by a policy carries by the participant, a parent, a spouse, or the sponsoring organization (church, school, employer, etc.).

Insurance Company: _____ Effective Date: _____

Group ID Number: _____ Individual ID Number: _____

Pre-Admission Certification Phone Number: _____

Medical Release: In the event of an emergency, I authorize the administration of any first aid, transport, examination, diagnosis, and treatment that is deemed necessary by Heifer Project International staff or any paramedic, nurse, physician, or dentist.

This WAIVER AND RELEASE (the “Waiver”) is executed and delivered to and in favor of HEIFER PROJECT INTERNATIONAL, an Arkansas nonprofit corporation (“HPI”), as of the date referenced below, by the undersigned participant, and if necessary his/her parent or legal guardian (collectively, the “Participant”). The execution of this Waiver is required before Participant may participate in activities at a Heifer Learning Center, including but not limited to hands-on projects that utilize experiential and adventure education by which Participant may “learn by doing”, may include work related to farming, ranching, and construction, such as building a fence or other small structures, and are presented on a “challenge by choice” basis, meaning Participant will choose whether, and at what level, he/she participates (collectively the “Program”).

Participant’s participation in the Program requires he/she be in good physical condition. If Participant is not in good health, has pre-existing medical conditions, or has questions about the current state of his/her health, Participant should consult a physician before participating in the Program. Participant understands and agrees participation in the Program may expose Participant to various risks including but not limited to physical or mental exertion, exposure to heat, cold, or other outdoor weather conditions, heights, difficult ingress or egress into or out of certain areas, domestic and wild animals, poisonous plants, rugged terrain, potentially dangerous tools, construction equipment or other equipment, machinery, appliances, and vehicles. Participant warrants he/she is in good health and his/her physical and mental condition are sufficient to withstand the potential rigors and hazards associated with the Program. **PARTICIPANT AGREES HE/SHE WILL TRAVEL TO AND FROM, AND PARTICIPATE IN THE PROGRAM, WITH FULL KNOWLEDGE OF ALL OF THE RISKS INVOLVED IN THE PROGRAM, AND HEREBY AGREES TO ASSUME ANY AND ALL OF SAID RISKS.** Participant understands and agrees HPI does not, and is under no obligation to, provide Participant with health, accident, or death insurance or other benefits, or provide medical treatment during the Program. In the event of an emergency Participant authorizes the administration of any first aid, transportation, examination, diagnosis, or treatment deemed necessary by available staff or personnel. Participant understands and agrees HPI is not responsible for the performance or nonperformance of any tools, construction equipment or other equipment, machinery, appliances, or vehicles provided to Participant in connection with the Program, and agrees to look solely to the manufacturer and its warranties in the event said items are defective. **HPI HEREBY WAIVES AND DISCLAIMS ANY AND ALL WARRANTIES IN CONNECTION WITH SAID TOOLS, CONSTRUCTION EQUIPMENT OR OTHER EQUIPMENT, OR SUPPLIES, INCLUDING BUT NOT LIMITED TO ANY EXPRESS OR IMPLIED WARRANTIES, OR WARRANTIES OF MERCHANTABILITY OR FITNESS FOR A PARTICULAR PURPOSE.** *For MA participants only: under MA law, an equine professional is not liable for an injury to, or death of, a participant in equine activities resulting from the inherent risks of equine activities.*

Participant agrees HPI may film, tape, photograph and write stories about him/her in connection with the Program, and HPI shall be the exclusive owner of the results and proceeds of such filming, taping, photography, and writings, with the right to use in any reasonable manner, throughout the world, for an unlimited number of times in perpetuity, royalty free, all or any portion of said name, appearance, image, and writings, for any reasonable purpose, and in any format or medium, including but not limited to training videos, HPI promotions, HPI literature, and educational materials. Participant understands his/her name, appearance, and image, and writings about him/her, will be available for viewing or reading by the general public, and may appear on HPI 's website, in print, or in other formats and mediums. Participant understands he/she is providing this authorization free of charge or consideration, and waives any right of inspection or approval of his/her name, appearance, and image, and writings about him/her, or the uses to which such name, appearance, image or writings may be put. **AS A CONDITION OF PARTICIPATING IN THE PROGRAM, AND AS PART OF THE CONSIDERATION FOR HPI’S PERMISSION FOR PARTICIPANT TO PARTICIPATE IN THE PROGRAM, PARTICIPANT AND HIS/HER HEIRS, EXECUTORS, ADMINISTRATORS, AGENTS, AND ASSIGNS, HEREBY RELEASE, INDEMNIFY, AND FOREVER DISCHARGE HPI, ALONG WITH HPI’S AGENTS, DIRECTORS, OFFICERS, REPRESENTATIVES, SUCCESSORS, ASSIGNS, EMPLOYEES, AND VOLUNTEERS, FROM ANY AND ALL CLAIMS, DEMANDS, DAMAGES, ACTIONS, CAUSES OF ACTION, OR LIABILITY OF ANY NATURE WHATSOEVER, KNOWN OR UNKNOWN, INCLUDING BUT NOT LIMITED TO PERSONAL INJURY OR PROPERTY DAMAGE, INCURRED IN CONNECTION WITH THE PROGRAM OR THE ABOVE-DESCRIBED FILMING, TAPING, PHOTOGRAPHY, AND WRITINGS.**

BY SIGNING BELOW, PARTICIPANT, AND IF APPLICABLE (FOR EXAMPLE PARTICIPANT IS 17 YEARS OF AGE OR UNDER), PARTICIPANT’S PARENT OR GUARDIAN, CONFIRM THIS WAIVER HAS BEEN READ, UNDERSTOOD, AND VOLUNTARILY AGREED TO AND ACCEPTED.

_____	_____	_____
Participant’s Name	Participant’s Signature	Date
_____	_____	_____
Parent’s/Guardian’s Name	Parent’s/Guardian’s Signature	Date

Sponsoring Organization: First Presbyterian Church of Charlottesville, Virginia
 Program Name/Dates: Alternative Break, June 17-22, 2012
 Location: 55 Heifer Rd., Perryville, AR 72126/“Heifer Ranch”