

Please bring  
Original Form  
to Site

## S.L.A.M. TRIPS Release Form

(To be filled out by both Students and Adult Leaders)

Name of Participant (please print) \_\_\_\_\_

Sponsored by (Church or Organization Name) \_\_\_\_\_

Week Attending \_\_\_\_\_

### **Liability Release Agreement**

I/we understand that there are inherent risks involved in any trip, and I/we hereby release S.L.A.M. TRIPS, its staff and volunteer workers from all liability due to any injury, loss or damage to person or property that may occur during your involvement with the S.L.A.M. TRIPS program. I understand that during the week participants may be photographed or videotaped for promotional materials.

### **Transportation Agreement for Students**

I/we, the undersigned, are the parents having legal custody or the legal guardians of the above-named participant, a minor, have given our consent for him/her to attend a trip operated by S.L.A.M. TRIPS, or are of legal consenting age myself. I/we understand that a member of the S.L.A.M. TRIPS staff or the lead adult of our group may need to send a participant home because of illness or discipline problem. I/we understand if the participant named above is dismissed from the mission site, I/he/she will be transported home at my/our expense. S.L.A.M. TRIPS or the lead adult of our group will attempt to contact the parent or guardian to arrange such transportation.

### **Medical Release Agreement**

I/we the undersigned, are the parents having legal custody, or the legal guardians of the above names' participant, a minor, have given our consent for him/her to attend a trip operated by S.L.A.M. TRIPS, or are of legal consenting age myself. If I/he/she is injured while attending the trip and requires the attention of a doctor, I/we consent to any reasonable medical treatment as deemed necessary by a licensed physician. In the event treatment is called for, which a physician and/or hospital personnel refuses to administer without my/our consent, I/we hereby authorize \_\_\_\_\_, the lead adult of our group, or a member of the S.L.A.M. TRIPS staff to give such consent for us if I/we cannot be reached by telephone at one of the numbers listed below, or because of an emergency, there is not time or opportunity to make a telephone call. In the event it becomes necessary for that person to give consent for us, I/we agree to hold such person free and harmless of any claims, demands or suits for damages arising from the giving of such consent so long as the treatment is administered by or under supervision of a licensed physician. I/we also acknowledge that I/we will be ultimately responsible for the cost of any medical care should the cost of that care not be reimbursed by the health insurance carrier. Further, I/we affirm that the health insurance information provided below is accurate at this date and will, to the best of my/our knowledge, still be in force for the participant named above at the time of the mission trip.

Full Name \_\_\_\_\_ Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_

Home Address \_\_\_\_\_ Phone \_\_\_\_\_

Date of Last Tetanus Shot \_\_\_\_\_ Known Allergies \_\_\_\_\_

Date of Last Tuberculosis Test\* (if applicable) \_\_\_\_\_ Positive or Negative \_\_\_\_\_

Current Medication or Health Conditions \_\_\_\_\_

**Insurance Information**

Name of health insurance company \_\_\_\_\_  
Health insurance policy number \_\_\_\_\_  
Phone/address of health insurance company \_\_\_\_\_  
Name of policyholder \_\_\_\_\_  
Policyholder's phone number \_\_\_\_\_

Participation on a S.L.A.M. TRIPS trip is contingent upon compliance with all the policies stated on the previous page.

Liability Release  
Transport Home  
Medical Release

Participant/Adult Leader (print) \_\_\_\_\_

(Signature) \_\_\_\_\_ Date \_\_\_\_\_

Parent/Guardian (1) (print) \_\_\_\_\_

(Signature) \_\_\_\_\_ Date \_\_\_\_\_

Parent/Guardian (2) (print) \_\_\_\_\_

(Signature) \_\_\_\_\_ Date \_\_\_\_\_

**Please attach a copy of your insurance card to this form.**  
**\*We are not requiring participant to get Tuberculosis testing.**

**Emergency Contact Information**

Name: \_\_\_\_\_  
Relation to Participant: \_\_\_\_\_  
Cell Phone: \_\_\_\_\_  
Work Phone: \_\_\_\_\_

Name: \_\_\_\_\_  
Relation to Participant: \_\_\_\_\_  
Cell Phone: \_\_\_\_\_  
Work Phone: \_\_\_\_\_

Bring Signed  
Form to Site

**Youth Covenant**

To have a safe and life-changing mission experience, clear expectations are needed between all who are involved. We desire to serve our reservation community without bringing them any harm. As a result, we ask all participants of S.L.A.M. TRIPS to agree to the following expectations in accordance with the purpose of S.L.A.M. TRIPS. The goal of the covenant is to ensure the knowledge of S.L.A.M. TRIPS policies, solidify your commitment to your group, and demonstrate your respect of our Indian community that you will be serving.

- Because I want to truly help others as Yeshua did, I agree to bring a servant, joyful attitude. I understand that I am on the trip to serve Creator, to serve the Yakama Nation community, build new relationships, and learn new things. I agree to come prepared to do so.
- Because I am aware that my actions have consequences beyond myself, I agree to obey all local laws and ordinances pertaining to use of drugs and alcohol by minors. I will not bring weapons, illegal substances or use illegal substances on any S.L.A.M. TRIPS.
- Because I want nothing to distract me in this short week of serving others, and because valuables will be susceptible to theft, I understand that I am not to bring to the site any phones, tables, laptops, portable gaming devices, or any other devices that could potentially isolate me from those around me.
- Because I am coming and/or returning with a group, I agree that this week has a group dynamic. I will do my best to build community, create relationships, be welcoming, and include others. I agree to treat everyone- leaders, staff, other groups, and community members- with the utmost respect.
- Because I know that how I treat people's things makes a statement, I agree that I will respect the property of all participants, the community members, and the church building in which we stay. I will always conduct myself as a follower of the Jesus Way, remembering the purpose of the trip and my responsibility of respect toward the Yakama Nation community.
- Because I know my parents and leaders care about my well-being, and because I want to be safe, I agree to stay within the designated S.L.A.M. TRIPS boundaries, stay in groups of three or more, respect gender specific areas (sleeping rooms, restrooms, and showers) and refrain from using my cell phone in these areas due to privacy concerns, follow rules and communicate with my group.
- Because I know that I am a follower of The Jesus Way and want to respect the people around me, I agree to follow the clothing policy. I understand that the way I dress can affect others and I will respect my group, the community, and myself by dressing modestly.

I agree to follow all the above expectations because I desire to always represent Yeshua, myself & my people in a positive manner.

\_\_\_\_\_  
Participant Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date