

## TWAM Mexico Mission Trip Covenant

June 17-24, 2022

A Covenant is a promise that God makes to us, that we make to God, and that we make with one another. Covenants enable us to be a Christ-centered community. The following are the promises we make to one another to ensure that we can best represent our faith while we travel in Mexico. *We make these promises knowing that none of us can keep this covenant perfectly and that we are guided by God's grace and forgiveness when we mess up.*

--I will, with God's help, promise to live out the following TWAM Mission Trip Covenant, and I will encourage and challenge others to live up to this covenant as well.

--I will, with God's help, promise to be timely, hardworking, and a joyful presence amidst others. I promise to follow the rules of YWAM and our Church, which means living with respect towards one another, those we serve, and the Mexican culture.

--I will, with God's help, promise to have my speech toward others and myself be guided by compassion. I promise to approach the trip with a posture of humility and servant-heartedness, which means working well with others, leaving my comfort zones, reflecting God in all I do, keeping an open mind, and listening respectfully to the loving instructions of my leaders. In every place I go, I promise to represent the love, hope, joy, and peace of the gospel of Jesus Christ, exhibiting the gospel values of my family, my Church, and my community at home. Above all else, I promise to bear witness to the love Jesus Christ has for the world.

--I will, with God's help, promise to see this Mission trip as an occasion to engage in community, and to embrace those different from me. If I have a significant other on this trip or develop a significant other, I will refrain from any sensual or sexual contact with them. In this way, I will respect the purpose of the trip, the values of Mexican culture, and give myself the occasion to focus on building friendships.

--I will, with God's help, promise to dress in a way that respects the culture in which I am working and that meets the expectations of our hosts, YWAM (see packing list for these requirements).

-- I will, with God's help, promise that I will not bring any prohibited items to Mexico or obtain such items in Mexico. I understand that the use of and/or possession of alcoholic beverages or drugs, flammables, or medications that you cannot buy over the counter at a drug store and/or that have not been prescribed by a doctor to me, will not be tolerated under any circumstances.

--I understand that I am not perfect and will likely miss the mark on living out this covenant on several occasions (as will my leaders). Even so, I understand that certain violations of this covenant may need to result in appropriate actions of discernment, including calling parents/guardians or, in extreme cases, being sent home.

Each youth and their parent should sign this covenant. It is a commitment to an experience in which God will be at work in your life and in the life of others.

Youth's Parent Name: \_\_\_\_\_

Youth's Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Youth's Name: \_\_\_\_\_

Youth's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**OVERNIGHT ACTIVITIES  
PERMISSION-RELEASE FORM  
FIRST PRESBYTERIAN CHURCH, SALISBURY, NC**

NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

If Visitor, A Guest of \_\_\_\_\_

ACTIVITY LEADER/MOBILE NUMBER: Rev. Josh Musser Gritter 616-218-5375

DATES OF ACTIVITY: June 17-24, 2022

ACTIVITY DESTINATION: San Antonio del Mar, Mexico

TRANSPORTATION: Plane and Vans

I give my permission for my above named child/youth to join the above mentioned activity with First Presbyterian Church away from the church grounds. Emergency contact number for the Activity Leader will be provided to parents/guardians. Every effort for safety will be taken.

I hereby release First Presbyterian Church, its staff, volunteers and activity leaders from responsibility and liability for any injury or illness that my child may sustain during this activity. In the event of an emergency, I hereby authorize an adult leader, as agent for me, to consent to any X-ray, examination, medical, dental or surgical diagnosis; treatment and hospital care advised and supervised by a physician, surgeon, or dentist (as appropriate) licensed to practice under the laws of the state where the services are rendered. I expect to be contacted as soon as possible.

PARENT/GUARDIAN SIGNATURE \_\_\_\_\_

DATE \_\_\_\_\_ CELL NUMBER(S) \_\_\_\_\_

ADDITIONAL INFORMATION (drug/food allergies, medical conditions to be monitored, etc)

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**(Approved by Session 8/2021)**

## 2022 TWAM TRIP RELEASE

### State of North Carolina Release

I do hereby hold harmless and release First Presbyterian Church, 308 West Fisher Street, Salisbury, North Carolina, and any of its agents, directors, and trustees from any and all liability arising from any and all claims resulting from potential injuries and/or illnesses that I might receive while taking part in the mission trip to Mexico.

I fully understand that First Presbyterian Church is not responsible for the trip in any manner including transportation to Mexico, back to Salisbury, North Carolina, housing, food, and transportation while in Mexico the safety of travelers of the sanitation or cleanliness of the facilities used.

### **Breach of Trip Covenant**

I understand and agree that if the rare circumstance arises in which my child breeches the 2022 Trip Covenant in a meaningful way (e.g. by not staying with the group in way that compromises safety, drinking alcohol or use/purchase of controlled drugs, causing harm to others or self) the trip Leaders, through a process of prayer and discernment, may decide to contact me and send my child home on the earliest flight. If this happens, I will be fully responsible for and hereby promise to reimburse the leader for all necessary expenses incurred in this event.

### **Cell Phone Policy**

Students will be allowed to have and use their cell phones *while traveling on June 17<sup>th</sup> and June 24<sup>th</sup>*. Once we've arrived in Mexico, students will hand off their phones to be placed under the supervision and protection of a designated adult leader. Phones will be returned the morning of our June 24 travel date. If at any time a student needs to contact a parent or guardian, they will be given the phone of an adult to do so. There will be a designated photographer on the trip who will ensure many pictures are taken at any time a student desires.

### ***Why this policy?***

In this day and age, the presence of cell phones will become a hindrance to group fellowship, to an individual participant's ability to be present, and to the overall mission focus of the trip. This rule is not meant to be disciplinarian, it is a gift to our group. I promise our group's experience will be better for it.

**To Parents:** I give permission to First Presbyterian's adult leaders to hold my student's phone in a safe location from June 17<sup>th</sup>-June 24<sup>th</sup>.

Signature \_\_\_\_\_

**To Students:** I give permission to First Presbyterians adult leaders to hold my phone in a safe location from June 17<sup>th</sup>-24<sup>th</sup>.

Signature \_\_\_\_\_

**Medical and Insurance Release Information:**

I give permission for any adult leader to sign any forms necessary for medical treatment for my youth while on the trip.

My insurance information is (Insurance Co. name, policy #, group #, policy holder name):

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Insurance Phone Number: \_\_\_\_\_

Phone for Pre-Certification for treatment: \_\_\_\_\_

Date: \_\_\_\_\_

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Parent/guardian signature

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Participant signature

I promise to abide by all the statements herein as well as our Mission statement.

**[For continues on next page]**

**Personal Information**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

## Medical Information

Please list any allergies (bee stings, medication, food, etc.) you have and how it should be treated:

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Please list any medications you take regularly. **It is required that you list any prescription medication that you will be carrying on the trip:**

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Please list any medical problems that we should be aware of:

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**State of North Carolina Release**

I do hereby hold harmless and release First Presbyterian Church, 308 West Fisher Street, Salisbury, North Carolina, and any of its agents, directors, and trustees from any and all liability arising from any and all claims resulting from potential injuries and/or illnesses that I might receive while taking part in the mission trip to Mexico.

I fully understand that First Presbyterian Church is not responsible for the trip in any manner, including transportation to Mexico, back to Salisbury, North Carolina, housing, food, and transportation while in Mexico, the safety of travelers of the sanitation or cleanliness of the facilities used.

Breach of Covenants of Conduct. I understand and agree that if my child breeches that Covenant of Conduct by not staying with the group or if my child drinks alcohol or uses/purchases controlled drugs, the Leaders will telephone me and send my child home on the earliest flight. I will be fully responsible for and hereby promise to reimburse the leader for all necessary expenses incurred in this event. I understand that my internet, technology, and social media usage is to be limited and appropriate, promising to focus my time and energy on the group and those we serve.

I give permission for any adult leader to sign any forms necessary for medical treatment for my youth while on the trip.

My insurance information is (Insurance Co. name, policy #, group #, policyholder name):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Insurance Phone Number: \_\_\_\_\_

Phone for Pre-Certification for treatment: \_\_\_\_\_

Date: \_\_\_\_\_

\_\_\_\_\_  
Parent/guardian signature

\_\_\_\_\_  
Participant signature

I promise to abide by all the statements herein as well as our Mission statement.

**[Continues on next page]**

Personal Information

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

Medical Information

Please list any allergies (bee stings, medication, food, etc.) you have and how it should be treated:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Please list any medications you take regularly. **It is required that you list any prescription medication that you will be carrying on the trip:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Please list any medical problems that we should be aware:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_



# **PARENTAL CONSENT FORMS**

## **FOR MINOR CHILDREN TRAVELING WITHOUT BOTH BIRTH PARENTS**

In Addition To The Child's Citizenship Documentation, A Minor Child Under The Age Of 18 Must Have A Legal Guardian, Or Parental Consent Form From Their Birth Parents To Exit The United States And Enter Most Foreign Countries. Parents Should Complete One Of The Forms Listed Below For Each Minor Child Under The Age Of 18 (At The Time Travel Starts) To Prevent Immigration Problems When Entering Or Leaving The Country.

**When The Form Is Completed, ONLY SIGN It In The Presence Of A Notary Public!**

**FORM #1 - Both Birth Parents Are Alive** - If both birth parents are alive, and one or both of them will NOT be traveling with minor children, the non-traveling parent(s) must complete the form giving a notarized affidavit of consent to the person traveling with the child(ren) their authorization to take them in and out of the country or to allow the minor child to travel on their own with no guardian.

**FORM #2 - One Birth Parent Is Deceased** - If one birth parent is deceased, and the surviving birth parent WILL be traveling with the minor child(ren) they need only to have in their possession a certified copy of the death certificate of the deceased birth parent and the child's citizenship documentation. However, if the surviving birth parent WILL NOT be traveling with their minor child(ren), they must complete this form giving a notarized affidavit of consent to the person traveling with the child(ren) their authorization to take them in and out of the country and attach a certified copy of the death certificate for the other non-living birth parent.

**FORM #3 - Guardian For Minor Child** - If both birth parent is deceased, or you have legal guardianship of minor child(ren) and WILL be traveling with the minor child(ren) you need only have in your possession a certified copy of your guardianship papers and the child's citizenship documentation. However, if the guardian WILL NOT be traveling with their minor child(ren), they must complete this form giving a notarized affidavit of consent to the person traveling with the child(ren) their authorization to take them in and out of the country and attach a certified copy of their guardianship papers to it.

### **Fill In the Forms Using the Codes Below**

- a) The full name (*first, middle & last*) of the non-traveling parent(s) or legal guardian.
- b) The relationship of the non-traveling parent(s) to this minor child.
- c) The full name (*first, middle & last as shown on their citizenship documentation*) of the person you authorize to travel with this child.
- d) The relationship of this person to the minor child. (*Father, Mother, Uncle, Friend, Teacher, etc.*)
- e) The full name (*first, middle & last as shown on their citizenship documentation*) of the child.
- f) The child's age at the time travel begins.
- g) If the form requires, place the word "Me," "We," or "Us" in this space.
- h) Name only the countries listed on the child's itinerary they will be traveling to. (Bahamas, Mexico, etc.)
- i) The date travel is to start.
- j) The date child will be returning to the United States.
- k) Answer the Insurance, medical treatment and emergency notification section.

**AFFIDAVIT OF PARENTAL CONSENT**  
**For Travel Outside The United States Of A Minor Child**  
**Without Both Birth Parents Traveling**

**FORM # 1 - BOTH BIRTH PARENTS ARE ALIVE • PLEASE TYPE OR PRINT CLEARLY!**

I, \_\_\_\_\_ [a]

\_\_\_\_\_ [b] Of Said Minor Child, Do Hereby Authorize

\_\_\_\_\_ [c]

\_\_\_\_\_ [d] Of Said Minor Child To Travel As A Guardian Of

\_\_\_\_\_ [e], Age: \_\_\_\_\_ [f]

To The Following Countries Without \_\_\_\_\_: [g]

\_\_\_\_\_ [h]

\_\_\_\_\_ [h]

From: Day: \_\_\_\_\_ / Month: \_\_\_\_\_ / Year: \_\_\_\_\_ [i]

To: Day: \_\_\_\_\_ / Month: \_\_\_\_\_ / Year: \_\_\_\_\_ [j]

[k] I/We [ \_ ] HAVE; [ \_ ] DO NOT HAVE Major Medical Insurance that will cover this child for medical treatment outside the United States; and that I/We [ \_ ] AUTHORIZE; [ \_ ] DO NOT AUTHORIZE the above named person to make medical treatment decisions for the minor child listed above if needed. If not, we have provided Emergency Contact Information below:

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City / State / Zip: \_\_\_\_\_

Home Phone: ( \_\_\_\_\_ ) \_\_\_\_\_ Work Phone: ( \_\_\_\_\_ ) \_\_\_\_\_

Alternate Name & Phone: \_\_\_\_\_

Signature: \_\_\_\_\_

**(Signature Of Non-Traveling Birth Parent(s) • To Be Signed In Front Of A Notary Public Only)**

Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, 200\_\_

Signature Of Notary Public: \_\_\_\_\_

Notary Public in and for the County of \_\_\_\_\_, And the State Of \_\_\_\_\_.

My Commission Expires: \_\_\_\_\_

*Affix Notary Seal At The Right Side Of Page*

**AFFIDAVIT OF PARENTAL CONSENT**  
**For Travel Outside The United States Of A Minor Child**  
**Without Both Birth Parents Traveling**

**FORM # 2 - ONE BIRTH PARENT IS DECEASED • PLEASE TYPE OR PRINT CLEARLY!**

I, \_\_\_\_\_ [a]

\_\_\_\_\_ [b] And Surviving Birth Parent Of Said Minor Child, Do Hereby Authorize

\_\_\_\_\_ [c]

\_\_\_\_\_ [d] Of Said Minor Child To Travel As A Guardian Of

\_\_\_\_\_ [e], Age: \_\_\_\_\_ [f]

To The Following Countries Without Me:

\_\_\_\_\_ [h]

\_\_\_\_\_ [h]

From: Day: \_\_\_\_\_ / Month: \_\_\_\_\_ / Year: \_\_\_\_\_ [i]

To: Day: \_\_\_\_\_ / Month: \_\_\_\_\_ / Year: \_\_\_\_\_ [j]

[k] I/We [ \_ ] HAVE; [ \_ ] DO NOT HAVE Major Medical Insurance that will cover this child for medical treatment outside the United States; and that I/We [ \_ ] AUTHORIZE; [ \_ ] DO NOT AUTHORIZE the above named person to make medical treatment decisions for the minor child listed above if needed. If not, we have provided Emergency Contact Information below:

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City / State / Zip: \_\_\_\_\_

Home Phone: ( \_\_\_\_\_ ) \_\_\_\_\_ Work Phone: ( \_\_\_\_\_ ) \_\_\_\_\_

Alternate Name & Phone: \_\_\_\_\_

Signature: \_\_\_\_\_

**(Signature Of Surviving Non-Traveling Birth Parent • To Be Signed In Front Of A Notary Public Only)**

Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, 200\_\_

Signature Of Notary Public: \_\_\_\_\_

Notary Public in and for the County of \_\_\_\_\_, And the State Of \_\_\_\_\_.

My Commission Expires: \_\_\_\_\_

*Affix Notary Seal At The Right Side Of Page*

**AFFIDAVIT OF PARENTAL CONSENT**  
**For Travel Outside The United States Of A Minor Child**  
**Without Both Birth Parents Traveling**

**FORM # 3 - GUARDIAN FOR MINOR CHILD • PLEASE TYPE OR PRINT CLEARLY!**

I, \_\_\_\_\_ [a]

The Legal Guardian Of Said Minor Child, Do Hereby Authorize

\_\_\_\_\_ [c]

\_\_\_\_\_ [d] Of Said Minor Child To Travel As A Guardian Of

\_\_\_\_\_ [e], Age: \_\_\_\_\_ [f]

To The Following Countries Without \_\_\_\_\_: [g]

\_\_\_\_\_ [h]

\_\_\_\_\_ [h]

From: Day: \_\_\_\_\_ / Month: \_\_\_\_\_ / Year: \_\_\_\_\_ [i]

To: Day: \_\_\_\_\_ / Month: \_\_\_\_\_ / Year: \_\_\_\_\_ [j]

[k] I/We [ \_ ] HAVE; [ \_ ] DO NOT HAVE Major Medical Insurance that will cover this child for medical treatment outside the United States; and that I/We [ \_ ] AUTHORIZE; [ \_ ] DO NOT AUTHORIZE the above named person to make medical treatment decisions for the minor child listed above if needed. If not, we have provided Emergency Contact Information below:

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City / State / Zip: \_\_\_\_\_

Home Phone: ( \_\_\_\_\_ ) \_\_\_\_\_ Work Phone: ( \_\_\_\_\_ ) \_\_\_\_\_

Alternate Name & Phone: \_\_\_\_\_

Signature: \_\_\_\_\_

**(Signature Of Non-Traveling Legal Guardian(s) • To Be Signed In Front Of A Notary Public Only)**

Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, 200\_\_

Signature Of Notary Public: \_\_\_\_\_

Notary Public in and for the County of \_\_\_\_\_, And the State Of \_\_\_\_\_.

My Commission Expires: \_\_\_\_\_

*Affix Notary Seal At The Right Side Of Page*