

## **Thornwell Home Mission Work**

### **Covenant, Photo Release, Medical and Liability Release Form**

Revised 2016

#### **THORNWELL'S MISSION STATEMENT:**

We believe each child is created in the image of God - worthy of love, respect, and redemption. We value the children entrusted to our care and commit ourselves to providing the very best possible services to each individual who comes to Thornwell Home. We believe each child should be given the opportunity to grow up in a family. That's why all of our programs are family-centered. We also affirm our responsibility to build upon and facilitate the strengths of each family we serve.

As a ministry of the Presbyterian Church (USA), we believe in and affirm the importance of each person's relationship with God. To that end, we:

- employ individuals who take their spiritual life seriously;
- provide religious nurture for all children in our care in order that they may respond to life's relationships and responsibilities as a child of God;
- provide programs and services in a manner that affirms each individual's culture and religious heritage; and
- value and nurture our century-old relationship to the Presbyterian Church (USA).

#### **MISSION WORK PARTICIPANT INFORMATION: (One form per participant.)**

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

Gender:  Male  Female      First Time at Thornwell?  Yes  No

Primary Phone: \_\_\_\_\_ Email: \_\_\_\_\_

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

#### **PARTICIPANT COVENANT AGREEMENT:**

I, \_\_\_\_\_, have answered God's call to share my gifts for ministry and serve Thornwell Home. I know the work we do will be difficult and challenging; it will stretch me both spiritually and physically. But, I want to grow in my faith and I want help others in need. I commit myself to this mission trip with a servant's heart and I promise to follow the rules and guidelines of my church and Thornwell Home. If I break this covenant, I may be sent home early and at my family's expense.

Participant's Signature: \_\_\_\_\_ Date \_\_\_\_\_

#### **PHOTOGRAPHY RELEASE:**

I, \_\_\_\_\_, understand that while serving at Thornwell Home, my photo may be taken for archival, educational or public relations purposes. By signing below, I consent to the use of my image on Thornwell's social media and/or printed publicity materials.

Participant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent or Guardian Signature (for minors): \_\_\_\_\_ Date: \_\_\_\_\_

**EMERGENCY MEDICAL INFORMATION**

Insurance Company: \_\_\_\_\_ Policy#: \_\_\_\_\_

Emergency Contact Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Primary Phone: (\_\_\_\_) \_\_\_\_\_ Alternate Phone: (\_\_\_\_) \_\_\_\_\_

Alternate Emergency Contact: \_\_\_\_\_ Relationship: \_\_\_\_\_

Primary Phone: (\_\_\_\_) \_\_\_\_\_ Alternate Phone: (\_\_\_\_) \_\_\_\_\_

Allergies and Medications (use back of this sheet if necessary):

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

**FOR PARENTS OF MINORS**

*(ONLY complete this section if you are a parent or guardian sending a child on this mission trip.)*

**Medical Release and Liability Waiver:**

I am sending my child to serve in mission work at Thornwell Home for Children. I promise to prepare him/her for this experience and to pray for the group while they serve. I have discussed the Participant Covenant with my child and agree to uphold it. In the event of an emergency or injury, I give permission for my child to receive treatment from a trained professional or adult. I understand that any cost(s) related to the medical care of my child is my sole responsibility. In addition, I understand the work and risks involved in this mission trip and I accept these risks for my child. In the event of injury or death, I will not hold Thornwell or Thornwell Staff responsible.

Parent or Guardian's Signature: \_\_\_\_\_ Date \_\_\_\_\_

**FOR ADULTS**

*(ONLY complete this section if you are an adult attending this mission trip.)*

**Medical Release and Liability Waiver:**

I promise to prayerfully prepare myself for this mission experience. I have read the Participant Covenant and agree to uphold it. In the event that I have a medical emergency or injury, I give permission for a trained professional or adult to treat me. I understand that any cost(s) related to my medical care is my sole responsibility. In addition, I understand the work and risks involved in this mission trip and I accept these risks. In the event of injury or death, I will not hold Thornwell Home for Children or Thornwell Staff responsible.

Adult Participant's Signature: \_\_\_\_\_ Date \_\_\_\_\_