

## **REGULATIONS**

### Lifestyle and Conduct

- No use or possession of illegal drugs or tobacco products
- No use or possession of alcohol
- No use or possession of weapons
- No viewing or possession of pornography
- No theft or long-term borrowing
- No profanity, gossip, slander, or dark humor (i.e. sarcasm)
- No secular music (including music on mp3/phone)

### Group Regulations

- In the complex, stay in a same gender group of two at all times
- A leader must know where you are at all times
- Groups must stay together at all times regardless of time of day/night
- Minors must be with an adult at all times

## **Dress Code**

### Female Clothing

- No short skirts (slit or length may not end above the knee)
- Shorts must be knee length
- No yoga pants
- All shirts must cover stomach completely (with hands raised) and have a modest neckline.
- No nose or lip rings

### Male Clothing

- No tank tops
- A shirt is required at all times
- No sleeveless shirts

### Overall

- Closed toe shoes are required
- No clothing should advertise alcohol, tobacco, secular bands, or has images that may offend

## **Relationships**

- No romantic dating relationships or pairing off at any time. This includes, but is not limited to holding hands, kissing, extended hugs, or communicating any intent for a romantic relationship (even in jest). Existing couples are permitted to share meal times together
- No lap sitting or back rubs (includes of the same gender)
- Note: The most effective ministry is guys ministering to guys and girls ministering to girls

## **Attitude & Health**

- Commit to maintaining a positive attitude regardless of circumstances
- Report any illnesses to your Team Leader

- Wash hands after using the bathroom, before eating, and before/after ministry project.
- Face masks are not required but are encouraged.
- Hand sanitizer will be available
- Follow CDC Guidelines

## Schedule

### Monday-July 6

- |                      |                                  |
|----------------------|----------------------------------|
| <b>6:00pm-6:30pm</b> | <b>Check-in</b>                  |
| <b>6:30pm-8:15pm</b> | <b>Worship Session</b>           |
| <b>8:15pm-8:30pm</b> | <b>Church Group Time/Dismiss</b> |

### Tuesday-Wednesday- July 7 & 8

- |                        |                                  |
|------------------------|----------------------------------|
| <b>9:00am</b>          | <b>Meet at Church</b>            |
| <b>9:30am-10:00am</b>  | <b>Morning Session</b>           |
| <b>10:00am-12:00pm</b> | <b>Mission Project</b>           |
| <b>12:00pm-1:00pm</b>  | <b>Lunch</b>                     |
| <b>1:00pm-3:00pm</b>   | <b>Mission Project</b>           |
| <b>3:00pm-5:00pm</b>   | <b>Outer Realm</b>               |
| <b>5:00pm-6:00pm</b>   | <b>Supper</b>                    |
| <b>6:00pm-7:30pm</b>   | <b>Worship Sessions</b>          |
| <b>7:30pm-8:00pm</b>   | <b>Church Group Time/Dismiss</b> |

**LIABILITY RELEASE and MEDICAL AUTHORIZATION**  
**Effective during project work week: July 2020**

To Whom It May Concern:

I do hereby represent and acknowledge I am entering a missionary venture with others; as a volunteer I am paying my own expenses, including insurance, for the purpose of helping in times of disaster for the glory of God and to demonstrate my faith in Christ; that the work may at times be hazardous and somewhat arduous and will be performed by concerned volunteers and qualified professionals trained in disaster relief work; that vehicles transporting these volunteers will be operated by licensed volunteers, who may or may not be professional drivers.

I recognize and acknowledge potential accidents at the disaster site, involving motor vehicles, in or about the living, sleeping and eating areas, or during activities of the disaster relief team; am fully aware of possible injuries to members of the disaster relief team, including myself.

Therefore, I desire to protect, release, acquit, indemnify and hold harmless from any and all claims, injuries, damages, losses, expenses or attorney fees incurred by me, my heirs, administrators, executors or assigns.

For and on behalf of myself, my heirs, administrators, executors, assigns and all other persons, firms or corporations, I do hereby release and discharge from liability all other persons on the disaster relief team with me, those who notified, selected or assigned me to the said team: First Baptist Church Winter Haven, The Church on the Hill, Calvary Baptist Church and participating churches, and owners of all work sites from any claims, demands, damages, actions, causes of actions which I, the undersigned, have or may hereafter, and on account of, or any way growing out of injuries or damages both to persons or property resulting or that may hereafter result from the voluntary venture.

Permission is also hereby given to administer emergency medical treatment at the most readily available licensed medical facility with the advice of competent medical authority. I also affirm that the information concerning the medications listed on the Medical Information Form is true and correct and that my child may have said medication dispensed by the trip or event sponsors.

Furthermore, while sponsors and leaders of First Baptist Church Winter Haven, The Church on the Hill, and Calvary Baptist Church may be expected to exercise reasonable care, I hereby agree not to hold them liable for any injuries or accident incurred by any event sponsored by said churches, ministries, trip, or event sponsor. I hereby personally assume full responsibility for any and all claims and for any and all hospital and medical bills for said participant. I also certify that I have obtained and will maintain in full force and effect during the Summer Camp adequate primary medical insurance for said participant.

By checking here participate also gives permission for FBC Winter Haven, The Church on the Hill, and Calvary Baptist Church to use missionary video and pictures for use in printed material, website and social media.

This waiver, release and indemnity agreement is fully understood by me and I enter the same willingly for the purpose herein above stated.

\_\_\_\_\_  
Participant Print Name

Date \_\_\_/\_\_\_/2020

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

Parent's signature if under eighteen years of age

MEDICAL INFORMATION FORM

Name \_\_\_\_\_ Age \_\_\_\_\_ Grade \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Participant Email \_\_\_\_\_ Parent/Guardian Email \_\_\_\_\_

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

Parent/Guardian Cell Phone \_\_\_\_\_

Emergency Phone \_\_\_\_\_

Name & Relationship to Youth \_\_\_\_\_

Family Doctor \_\_\_\_\_ Phone \_\_\_\_\_

PAST HISTORY (Please answer yes or no to the following questions.)

Heart murmur?                      Epilepsy or convulsions?                      Diabetes?                      High blood pressure?  
Allergies to medications?                      Foods?                      Other?

Explain:

Date of last Tetanus booster:

MEDICAL PROBLEMS (Please answer yes or no to the following questions.)

Does youth have any significant medical problems (i.e. heart)?

Are there any restrictions on physical activity?

If yes to either, explain:

Any medications being taken at present? If yes, please list:

For minor pain, may your youth be given Tylenol/ibuprofen?

Please list any additional information that might be necessary or helpful in an emergency situation:

INSURANCE INFORMATION

Name of Insurance Company:

Group No.

Name of insured:

Policy No.