

**This sheet will help you fill out your forms more accurately. Please contact us if you have any questions – admin@thegoproject.ca**

1. **Participant Release Form**
	* Please have all youth and leaders complete the form and attach a **copy of their health card.**
2. **Covenant**
	* Each youth and the parent/guardian need to read and sign the covenant
	* Each adult leader needs to read and sign the covenant
	* A Covenant is defined as “a written agreement or promise between two or more parties, especially for the performance of some action.” This written agreement is important in the process of defining expectations and intentions as a group. As we partner together in ministry, we want to make sure that we are able to commit to one another to effectively be the hands and feet of Christ in a community.
	* The goal of this covenant is to ensure the knowledge of the GO Project policies, solidify you commitment to the community and demonstrate your commitment to the community you will be serving.

1. **Mission Agreement – *read, sign and return this form immediately.***
	* A church official needs to sign this form only if there is a group coming from a congregation. If you are coming as a single participant, please have your parent/guardian sign the form.
	* Please send in the balance of your payment in with this form.
2. **Police Records Check – *please complete and bring with you to the site***
	* It is important that we take precautions to protect those we serve in our communities. In following the Faithful Footsteps, as set out by the United Church of Canada, we require that those older than 18 years of age complete a Level Two police records check from your local police detachment.

# GO Project Participant Release Form

Name of Participant (Please Print) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date of Birth \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Participating with (Church or Organization Name) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ GO Site Attending \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Liability Release Form**

I/we understand that there are inherent risks involved in any mission trip, and I/we hereby release The GO Project, its staff and volunteer workers from any and all liability due to any injury, loss or damage to person or property that may occur during the course of my/our involvement with The GO Project organization. \* During the week your child is with The GO Project, they may be photographed or videotaped for promotional materials.

**Agreement to Transport Home**

I/we, the undersigned, are the parents/guardians having legal custody of the above named participant, a minor, have given our consent for him/her to attend a mission trip operated by The GO Project, or are of legal consenting age myself. I/we understand that a member of The GO Project or the lead adult of a group may need to send a participant home as a result of illness or discipline problems. 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. The GO Project will attempt to contact the parent/guardian to arrange such transportation.

**Medical Release Form**

I/we the undersigned, are the parents/guardians having legal custody of the above named participant, a minor, have given our consent for him/her to attend a mission trip operated by The GO Project, or are of legal consenting age myself. In the event that 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 GO Project 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 treatment is administered by or under the 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 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.

Home Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ City \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Postal Code \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Telephone \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

Current Medications or Health Conditions \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Special Dietary Needs\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_



*(Participant Release Form Continued)*

**Emergency Contact Information**

*(please indicate this person’s relationship to participant)*

1) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 2) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

Work Phone \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Work Phone \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Cell Phone \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Cell Phone \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Insurance Information**

Health Card Number \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Additional Health Coverage \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Policy Number \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Name of Policy Holder \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Policy holder’s phone number \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Participation on a GO Project trip is contingent upon compliance with all policies stated in the form:**

**Participant Liability**

**Agreement to Transport Home Medical Release Form**

Participant (Print) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 (Signature) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_ Parent/Guardian (1) (Print) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

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

 (Signature) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_ \* If the participant is older than 18 years, no Parent/Guardian signatures are necessary.

\* A note about sleeping spaces: Every church we partner with has different space availability, along with every group and staff having their own safety needs, in combination of these factors a decision will be made about sleeping spaces for each specific program. This may include; segregated sleeping spaces or participants and leaders in one shared space with adequate supervision. The GO Project strives to honor duty of care and the needs of all participants, for more information or accommodations please contact admin@thegoproject.ca

## MISSION AGREEMENT

*\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(name)* leadership, participants, and families being signatories to this agreement agree to abide by the following terms set forth:

1. To pay in full the registration fee of your **chosen tier (8-Day program: Subsidized=$455, At Cost=$555, Pay it Forward=$655 / 11-Day Program: Subsidized=$595, At Cost=$745, Pay it Forward=$895)** for **1 participant** for the *\_\_\_\_\_\_\_\_\_\_\_\_\_(city)* GO Project

Site. The undersigned understand they are legally bound to pay this fee no later than ONE MONTH before the program begins. Please send your **$200.00 deposit** with this agreement within 21 days of receipt of this contract to secure your registration.

1. The undersigned are responsible for travel to and from the GO Site and that your mode of transportation may be used for programming within the program time. Your organization is responsible to provide an insurance certificate for the use of said vehicle and an insurance certificate covering the leaders and participants from the sending organization.
2. The undersigned agree to release and save harmless Islington United Church or partner organizations from any and all claims suits and damages for any occurrence, through which participants and leadership will be volunteering under the terms of this Agreement.
3. The undersigned agrees release and save harmless GO Project Staff and Volunteers from any and all suits, claims and damages howsoever arising and from misfortune that may befall participants and leadership while engaged in programming or travel to and from The GO Project program.
4. The undersigned individuals warrant and agree that all leadership and participants over the age of 18 will have a valid Level Two Police Records Check from their local police service, witnessed by the youth leader and one senior church official. The undersigned individuals agree to complete the document, which outlines these witnesses, and to provide The GO Project with original documentation if deemed necessary. This form is to be provided to The GO Project coordinator at the commencement of the program and it is understood that participants and leaders not having completed the police records check will not be able to participate in The GO Project.
5. The undersigned agree that they are responsible for their health care during participation in The GO Project. Out of province participants shall be required to certify that there provincial health care program cover them while in the Province of which the program is to be held. Participants from the US are responsible for having applicable health care coverage for the duration of their time in Canada. The GO Project will not be held liable for medical and emergency expenses and will provide only superficial medications and first aid on site. GO Project staff are not responsible for the administration of prescription and non-prescription drugs to participants. The trip leaders will hold and distribute youth medications for the duration of the program.

Dated at \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ this \_\_\_\_ day of \_\_\_\_\_\_\_ 2018

|  |  |
| --- | --- |
| *\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*  |  |
| *Parent/Guardian*  |  |
| *\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*  |  |
| *Date*  |  |

# The GO Project Covenant

In order to have a safe and life-changing mission experience, clear expectations are needed between all who are involved. We desire to serve communities without bringing them any harm, as a result, we ask all participants of The GO Project, both youth and leaders, to agree to the following expectations in accordance with the purpose of a GO Project mission trip.

The goal of the covenant is to ensure knowledge of The GO Project policies, solidify your commitment to your group and demonstrate your respect of the community you will be serving.

* Because I want to truly help others as Jesus did, I agree to bring a servant, joyful attitude. I understand that I am on the trip to serve God, help a community, build 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 the use of drugs and alcohol by minors. I will not bring or use illegal substances, alcohol and/or tobacco products on any GO Project ministry sites, on the property of our ministry partners or in the vehicles of any GO Project participants.
* Because I want nothing to distract me in the short time of serving others and because valuables are more susceptible to theft at a mission site, I understand that I am not to bring to the site a: radio, electronic games, laptop, mp3 players, iPod, iPad, portable DVD player or any other device that could potentially isolate me from those around me. I agree to the cell phone policy as laid out in the cell phone policy within this document.
* Because I value community, I agree that this mission time is a group experience; I will do my best to build community, create relationships, be welcoming and include others. I agree to treat everyone – leaders, staff, other participants 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 housing site in which I will stay. I will conduct myself as a representative of Jesus at all times, remembering the purpose of the trip and my responsibility as a witness to the community.
* Because I know that my parents and leaders care about my well-being, I agree to stay within the designated GO Project boundaries, stay in groups of three or more, respect sleeping areas and church spaces, follow rules at the ministry sites and communicate with my group. I agree to keep my personal safety foremost in all of my decisions.

# Cellphone Policy

1. **Purpose**: The purpose of this Policy limiting the use of cell phones and other communication devices at GO Project Sites is to ensure that you, the participant, is able to fully experience all that The GO Project has to offer. While we understand how ingrained the cellphone, and technology as a whole has become within today’s society, we at The GO Project believe there is a time and a place for this technology to be utilized. You will be able to use your cellphone, but there will be limits on when, where and how you will be able to use it.
2. **Devices Covered**: The devices covered by this Policy includes: Cellphones, Tablets, and all other devices that could be classified as a smart-phone/cellphone.
3. **Persons Covered**: This Policy applies to all GO Project Youth Participants.
4. **Activities Covered**: The rules set out in this Policy apply to all GO Project activities except for Free Time and time in sleeping quarters. Some activities will be up to the discretion of The GO Project Coordinators. The GO Project Coordinators will have final say as to whether a cell phone can be brought to an activity for

**PHOTOGRAPHY PURPOSES ONLY**.

1. **Definitions of excluded usage**: The GO Project Participants **cannot** use their cell phones (during non-free-time hours) for the any of the following purposes:
	* Engaging in personal conversations;
	* Playing games;
	* Surfing the internet;
	* Using Facebook, Twitter or Instagram;
	* Checking e mail; and
	* Sending or receiving text messages.
2. **Permitted Uses**: The GO Project Participants can only use their cellphones or tablets for photography purposes only while on site, at the discretion of The GO Project Site Coordinator. The GO Project Participants can use their cellphones at their own leisure only within their sleeping quarters on their allotted free-time.
3. **Violations**: If The GO Project Coordinators believe that this Policy has not been lived into accordingly, the

Coordinator reserves the right to confiscate Participant’s device(s). Participants will receive their device from the Coordinator at a time the Coordinator deems acceptable.

I agree to the follow all of the above because I desire to represent myself in a positive manner at all times.

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

Participant Signature Date

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

Parent/Guardian Signature Date

**What to Bring to the GO Project:**

* Water bottle
* Sun block, lip balm, hat, sunglasses
* Long Pants
* Plain white T-Shirt or light coloured shirt for silk screening
* Long sleeved shirts and sweatshirts
* Short sleeved shirts
* Shorts
* Clothes you’re comfortable getting dirty and working in
* Running Shoes or other closed toed shoes
* Nice Clean “Sunday Best” clothes for worship
* Underwear and socks
* Bath towel (2), wash cloth, swimsuit for showering and swimming
* Soap, shampoo, other toiletries (extra contact lenses, back-up glasses)
* Shower shoes/ flip flops
* Small shower bag or backpack
* Sleeping bag and pillow
* Small air mattress or foam camping pad
* Pen & journal
* Lunch bag and Tupperware containers
* $20.00 for any extra program fees
* Spending money
* Insect repellent
* Flashlight

## Notes on Packing

* Please pack as light as possible, everything other than your sleeping bag and air mattress should fit into one bag or suitcase
* DO NOT BRING: electronic games, lap tops etc.
* Cell phones are allowed—MUST read and abide by cell phone policy.
* Please do not bring any valuables or too much extra cash.
* Please do not bring clothing that has obscene, vulgar, abusive or discriminatory language or images; advertises or promotes alcohol, chemical, tobacco or any other product illegal for use by minors; or represents threat or hate groups and gang-related clothing

**The GO Project is not responsible for lost or stolen items.**