

Note: I understand that the above behaviors are non-negotiable and the consequences will include one or more of the following: my parents will be notified, I will be removed from the group's activities, I will be sent home at my family's expense.

I understand that the covenant and rules of conduct are designed to make the mission trip the best and safest event possible for everyone and that if I violate any part of this covenant the adults in charge will have the authority to determine appropriate consequences. I have read the above covenant and rules of conduct and agree to live by these standards throughout the mission trip.

I make this covenant with my sisters and brothers in Christ and I agree to abide by the above guidelines and consequences.

*******SIGNATURES BY YOUTH, PARENT AND SPONSOR REQUIRED*******

May God who has given us the freedom to choose, give us the strength and guidance to make decisions for the welfare of the whole community. Amen

Participant signature: _____ **Date:** _____

Permission (if under 18): Activities may include, but are not limited to: Bible studies, movies, singing, prayer, swimming, climbing and running.

Note: If you desire to limit your child's participation in any event, please submit your wishes in writing.

_____ has my permission to attend this youth event sponsored by

NAME OF PARTICIPANT

St. Anne's Episcopal Church (hereinafter the "Church") and I have read the above covenant and rules of conduct and understand that my child will be sent home at my expense if the agreement is violated.

Parent/guardian signature: _____ **Date:** _____

I support _____ (participant's name) application to Pine Ridge Mission Trip 2011. S/he is an active member of our home church. I will ask for the support and prayers of our Congregation for him/her and the Pine Ridge Mission Trip.

Clergy/Sr. Warden or Youth Leader Signature: _____

Date _____

Media and Photo Release: The participant agrees to grant the Church permission to record on film their participation at this youth event and further agrees that any or all material recorded may be used, in any form, as part of any future production made by the Church and that such use shall be without payment of fees, royalties, special credit, or other compensation. This form is valid until such time that it is revoked by the undersigned.

Participant signature: _____ **Date:** _____

Parent/guardian signature: _____ **Date:** _____

The total cost for participants is \$300.00 and a \$200 deposit is due with this application no later than May 1, 2011, with remainder due June 1, 2011.

Return application and fee to:

St. Anne's Episcopal Church 2110 West 1st Street, Ankeny, IA 50023 Contact Andi Baker at Andi.Baker@mchsi.com, 515-251-4863 or secretary@saechurch.com 515-964-5152 with questions.