

**JHF Mission Weekend**  
**February 7-9, 2025**  
**Participant Expectations and Permission Form**  
**First Christ of Christ, Congregational, UCC, Glastonbury**

By signing below, you are agreeing to the following Mission Weekend participant terms:

1. I accept my role as a representative of First Church and the UCC and agree to hold myself to high standards of professional conduct. I understand that my actions associated with this activity are governed by our group Covenant. I also understand that I am responsible for holding myself and others accountable to the Covenant.
2. I agree to fulfill my commitment to the program. I will attempt to participate in all activities for which I am physically and emotionally able. If I am unable to be present for my scheduled time, I will notify the trip leaders in advance.
3. I agree to follow the instructions, policies or procedures set by the designated trip leaders, advisors and/or community partners, and I agree to comply with all reasonable directions and instructions.
4. I agree to stay with the group at all times during the experience.
5. I will respect the cultural, social, economic, spiritual, and other backgrounds of the program's participants, clients, and communities.
6. I understand it is my responsibility to communicate with my trip leaders and/or advisors concerning problems that arise or ideas concerning the improvement of the program.
7. I will keep any personal or sensitive information related to this program, or the partner agency and its clients, confidential.
8. I understand that any action I take in violation of the instructions, policies or procedures set by the trip leaders, advisors or community partners may cause my immediate removal from the program and that all subsequent travel arrangements will be made at my own expense.
9. I understand that photographs and/or filming may take place during my participation in the program. I agree to allow First Church to use photos or footage obtained during my involvement in the experience for promotional or archival activities.
10. I acknowledge that I am releasing my medical and emergency contact information for the disclosure to, and only to, appropriate trip leaders and advisors and this information will only be used in the event of an emergency.

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I have read and understood this document and agree to abide by its terms.

Youth Name (please print): \_\_\_\_\_

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

I have read this document and understand my (child's) commitments regarding attending this Mission Weekend. I give my permission for my child to attend and release the church of any and all liability relating to my child's participation in this Mission Weekend.

Parent/Guardian Signature: \_\_\_\_\_

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