PURA VIDA MISSIONS COVENANT OF CONDUCT & AGREEMENT TO TRANSPORT HOME

On this mission trip under the sponsorship and guidance of Pura Vida Missions ("PVM") I am a representative of my Christian community and leaders, the Mission (and its leadership) and Jesus Christ. I am responsible for my actions. I understand the following guidelines will be followed:

1. The illegal use of drugs and the use or possession of alcohol is prohibited.
2. All conduct should be in keeping with the highest Christian regard and respect for others.
3. All individuals will be expected to participate in group activities.
4. All dress/clothing worn should be in a good taste and follow PVM's dress code.
5. Any area used for eating, meeting, sleeping, working showering, etc., will be left clean.
6. I will work at the work site's and respect all property of the residents.
7. I will cooperate with work group assignments and curfews.
8. I understand that public displays of affection in dating relationships are forbidden.
9. I realize that any violation of these guidelines may result in my being asked to leave the mission at my own expense.

Missionary's Signature _____ Date _____

AGREEMENT TO TRANSPORT HOME – FOR MINORS ONLY

I/We, the undersigned, are the parents, the parents having legal custody, or the legal guardians of _____ a minor, and have given our consent for him/her to attend a mission project being operated by Pura Vida Missions, Inc. I/We understand that the Pura Vida Missions, Inc. site director or the lead adult of our group may need to send a participant home as a result of illness or as a result of him/her breaking the above covenant. I/We understand if the participant named above is dismissed from the mission site, he/she will be transported home at my/our expense. (Pura Vida Missions, Inc. will attempt to contact the parent or guardian to arrange such transportation.)

Parent/Guardian(s)

_____

Print name Signature Relationship to participant

_____

Print name Signature Relationship to participant

Date _____

Primary Phone Number _____
Office Phone Number _____
Cellular Phone Number _____

PURA VIDA MISSIONS, INC. (A) LIABILITY RELEASE
AND (B) MEDICAL AUTHORIZATION

(A) Liability Release: I/We understand that there are inherent risks involved in any mission trip. I/we understand that I/we will be participating in a variety of activities that may include, but that are not limited to, traveling in buses/vans, Vacation Bible School, construction, hiking, swimming, sports, zip lines, horseback riding and surfing. I/We consent to participate in these activities and I/we hereby release Pura Vida Missions, Inc., its agents, and volunteer workers from any and all liability for any injury, loss, or damage, to person or property that may occur during the course of my/our involvement with the organization of Pura Vida Missions, Inc.

I/we grant and convey to Pura Vida Missions, Inc. all right, title and interest in any and all photographic images and video or audio recordings made by Pura Vida Mission, Inc., during the participants participation with Pura Vida Missions, Inc. These images can be used for the sole purpose of publicizing and promoting the programs of Pura Vida Missions, Inc.

Participant /Missionary

_____

Print name Signature Date of Birth

Date _____

Parent/Guardian (s) (if participant is under 18)

_____

Print Name Signature Relationship to participant

_____

Print Name Signature Relationship to participant

Address: _____

Street/Apt Number City Zip

Daytime Phone Number: _____ Cell Phone Number: _____

Please indicate any restrictions on your youth's activities:

_____I represent that my child/youth is physically fit and has the necessary skills to safely participate in these activities.

_____I represent that my child/youth has restrictions on the following particular activities _____

(B) MEDICAL TREATMENT AUTHORIZATION FOR MINORS

It is my understanding that Pura Vida Missions, Inc. will attempt to notify me in case of a medical emergency involving my youth. If Pura Vida Missions, Inc. cannot reach me, then I authorize Pura Vida Missions, Inc. to hire a doctor or health-care professional, and I give my permission to the doctor or other health-care professional, to provide the medical services he or she may deem necessary. I will pay for any medical expenses so incurred.

I will notify Pura Vida Missions, Inc. if I feel there are any health considerations that would prevent my youth's participation in any of the activities listed in (A) above.

Allergies or other health considerations: _____

Insurance Company: _____

Policy #_____ Group # _____

Insurance Company Verification Telephone number: _____

_____
Signature of Parent/Guardian (or Participant if 18 or older)

State of _____

County of _____

Sworn to and subscribed before me this _____ day of _____, 20____ by _____who is personally known to me, or has produced _____, as identification.

Notary Public _____

My Commission Expires_____