

Dear Parents/Guardians,

We are very excited that your student is planning on attending our mission trip to Orange, Texas. We have built some great relationships there and look forward to reconnecting with them and serving the community.

This packet includes your packing list, forms and basic information you may need. Please feel free to contact Garrett should you have any additional questions or concerns. (GGottlob@LFwired.org)

Thank you for allowing us to spend this week with your student!

Dates: July 6-11

Departure: Saturday July 6th @11:00 am (Please eat lunch PRIOR to your arrival and bring a snack)

Return: Thursday July 11th in the afternoon. (We will notify you of our expected arrival via Remind)

Remind: text @lfymorange to 81010 (This is how we will communicate arrival/departures, pictures and updates)

We spend our evenings relaxing and playing games. Please feel free to pack cards or other games your student may want to play. (No electronics)

As is typical with our trips, we do not allow any electronic devices, including phones and music players. We do this to allow the students the opportunity to hang out and get to know one another better and to focus more on their relationship with God. The relationships forged turn out to be a highlight of their trip. You will be able to contact Garrett if you have any questions or needs while they are gone. They will be able to use an adult leaders phone should they need/want to check in with you as well.

Thank you for helping us make this an amazing week for your student by keeping their phones and electronics home with you.

Lighthouse Youth Ministry

Mission Trip Schedule

Saturday

- 10:45 Arrive at Lighthouse to load luggage and supplies (**Eat lunch before arriving and bring snacks**)
- 11:00 Depart Lighthouse
- 5:45 Arrive at Malloy Center and unload luggage and tools
- 6:30 Welcome and go over rules
- 6:45 Eat Pizza
- 7:00 Orientation/Team formation
- 7:30 Devotional/Prayer
- 8:00 Games
- 9:30 Get ready for bed
- 10:00 Lights out

Sunday

- 8:30 Breakfast
- 9:00 Get ready for church
- 10:40 Depart for Salem UMC
- 11:00 Worship at Salem UMC
- 12:30 Lunch at Malloy Center
- 1:30 Depart for work sites
- 6:00 Dinner
- 7:00 Evening Activity
- 9:30 Get ready for bed
- 10:00 Lights out

Monday/Tuesday/Wednesday

- 7:30 Breakfast
- 8:00 Morning Devotional
- 8:15 Get water, ice, lunches loaded
- 8:30 Depart for work sites
- 3:30 Sonic/Return to living center
- 4:00 Showers/Snacks
- 5:00 Table Games/Activities
- 6:00 Dinner
- 7:00 Evening Activities
- 9:30 Get ready for bed
- 10:00 Lights out

Thursday

- 8:00 Light's on/Pack up
- 8:30 Clean/Load-up
- 9:00 Whataburger breakfast
- 10:00 Estimated departure for home
- 5:00 Estimated arrival home

What to Bring

Personal Items

Sleeping bag (blankets) and pillow
Or Twin Sheets, blanket and pillow
Soap, shampoo, deodorant, tooth brush, etc.
Bible
Towel
Bug Spray
Rain gear
Tote bag to take belongings to shower
Sunscreen
Medication (Labeled)
Money for Sonic drinks (No more than \$15)
Reusable Water Bottle

Tools (Bring if you have them)

Work gloves
Hammer
Screwdriver
Safety goggles
Dust mask
Tape measure
Drill
5 Gallon Home Depot/Lowes Bucket with its lid

Casual Clothes

Shorts/pants for evenings
Shirts for evenings (No tanks)
Shoes
Shower Shoes (flip flops)

Work Clothes

Long pants (No Capri's)
Shirts with sleeves
Closed toe shoes to work in
(work boots, tennis shoes)
Cap/Bandanna

Lighthouse Fellowship Youth Ministry- Mission Trip

Name: _____

Address: _____

Street

City

State

Zip Code

Date of Birth: _____ **Grade:** _____

Allergies: _____

Medical Conditions: _____

Parents Info:

Dad's Name

Phone Number

Mom's Name

Phone Number

Emergency Contacts: (Other than Parents)

Name

Phone Number

Name

Phone Number

Lighthouse Fellowship Youth Ministry- Mission Trip

Participant Name: _____

Street Address: _____

City: _____ **State:** _____ **Zip:** _____

AGREEMENT TO PARTICIPATE Certain risks are associated with participating in a Mission event including but not limited to physical injury, illness or even death. LHF strongly recommends that if participant has a history of heart, back or neck problems, is pregnant or becomes pregnant before the trip, he/she consult a physician before participating in this mission trip. It is the participant's responsibility to determine if he/she is physically able to participate on this trip.

RELEASE OF LIABILITY AND BACKGROUND CHECK LHF is authorized to photograph or video participants and use their image(s) in any advertising or promotion. Lighthouse Fellowship Church, its staff and volunteers, participating churches, host churches and referral agencies are released of any liability in the event of accident, injury or aggravation of pre-existing conditions. LHF is authorized to perform a background check if the age of the participant is 18 years or older.

AUTHORIZATION TO OBTAIN MEDICAL TREATMENT LHF leaders are authorized to obtain any and all necessary medical and/or dental attention and/or treatment for the above named participant, including surgical procedures if advised by the attending physician. All special medical problems/conditions/allergies and medications have been listed on the registration form and LHF leaders have been advised of any such medical problems/ conditions. Participant is responsible for keeping their registration with the most current medical information.

AUTHORIZATION FOR MINOR PARTICIPANT If the above-named participant is a minor, he/she has permission to go on the Lighthouse Fellowship Mission Trip and to participate in all activities as indicated by the signature of the legal guardian. By signing below, the legal guardian agrees that all statements above will be binding upon him/her and his/her estate.

We have read and understood the above statements and by signature(s) below agree that all statements above will be binding upon the participant and the participant's legal guardian. (This document must be signed in the presence of a Notary Public.)

Signature of Participant

Date

Signature of Legal Guardian

Date

<p>NOTARY PUBLIC</p> <p>State of Texas, County of _____</p> <p>Before me on this day personally appeared _____, the person whose name is subscribed to the foregoing instrument and acknowledged to me that he/she executed the same for the purposes and consideration therein expressed.</p> <p>Given under my hand and seal of office this ____ day of _____, _____.</p> <p>_____ Notary Public, State of Texas</p>	<p>Notary Seal Required</p>
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PARTICIPANT LIABILITY RELEASE

Please read before signing, as this constitutes the agreement as a volunteer and the understanding of your working relationship as a volunteer with (name of disaster program).

I, _____ acknowledge and state the following:

I have chosen to travel to perform Early Response Team duties designed to help with disaster damage.

I understand that this work entails a risk of physical injury and often involves hard physical labor, heavy lifting and other strenuous activity; and that some activities may take place on ladders and building framing other than ground level. I certify that I am in good health and physically able to perform this type of work.

I understand that I am engaging in this project at my own risk. I understand that this is a "grass roots" activity to support individuals adversely affected by HARVEY disaster. I assume all risk and responsibility for any damage or injury to my property or any personal injury, which I may sustain while involved in this project and related medical costs and expenses.

In the event that my supervising disaster organization arranges accommodations, I understand that it is not responsible or liable for my personal effects and property and that it will not provide lock up or security for any items. I will hold it harmless in the event of theft or for loss resulting from any source or cause. I further understand that I am to abide by whatever rules and regulations may be in effect for the accommodations at that time.

By my signature, for myself, my estate and my heirs, I release, discharge, indemnify and forever hold (name of disaster program), together with its officers, agents, servants and employees, harmless from any and all causes of action arising from my participation in this project, and travel or lodging associated therewith, including any damages which may be caused by its negligence.

Signature _____ Date _____

Dates of Work team or dates covered by this liability form _____

Street Address _____

City _____ State _____ Zip _____

Person to contact in case of an emergency _____

Phone _____ Witness _____

Organization or church name: _____