



Kentucky Heartland Outreach Middle School Summer Mission Trip

Sunday, July 10th-16th

We will depart Orange right after the 9am service on the 10th

Registration: \$50 Deposit Due Jan 30th
Remaining Balance \$100 if paid by Feb 20th
Remaining Balance \$125 if paid by March 27th
Registration Closes April 17th \$150 Due

Please Turn In:

- Money
- OUMC Permission Slip
- Participant Labor Release
- Medical Release Information
- Copy Of Insurance Card

Contact:

Jennings- 919-265-7199

Blogging at: oumcyouth.tumblr.com

Pre-Trip Meeting: June 12th- 3pm

Post-Trip Meeting: August 28th - 3pm

About the MS Summer Mission Trip...

This summer we are going to return to Kentucky to do our mission trip through KHO! KHO does an amazing job with summer missions because of their focus on locally. They really understand what is needed in their community. Since KHO is subsidized by Kentucky for materials it also makes the trip very affordable! In Kentucky we will have worship services, build decks or repair roofs, have a free day and a lot of fellowship. Most importantly we will minister to the community through self-sacrifice. Kentucky is such an amazing experience we have High School youth who come back and join us as Leaders! If you have any questions let Jennings know.

Basic Schedule:

Sunday

4:00pm Groups start arriving/registration begins

Monday-Friday

6:00am WAKE UP! 6:30am Breakfast 7:30am House of Praise (high energy, fun service) 8:00am Crews leave for their sites Noon – Lunch on sites 4:00pm Crews return to camp base 5:30pm Dinner 7:30pm Worship 8:45pm Church group devotion 10:45pm Lights Out

Saturday

6:00am WAKE UP! 6:30am Dismissal

www.khohome.org

WHAT TO BRING:

Clothing/Apparel

- T-Shirts (no midriff tops, spaghetti straps, or tank tops)
- Shorts
- Socks and underwear
- **Closed-Toe shoes** (we recommend that you bring 2 pairs of shoes)
- Sturdy shoes or work boots
- Sturdy clothing (long jeans for work)
- Light jacket ○ Hat or visor
- Rain gear

Personal Articles

- Chap stick ○ Insect repellent ○ **Sunscreen lotion**
- Toiletries (toothbrush, deodorant, soap, comb, etc) ○ Towels and washcloths
- Handkerchiefs/bandannas ○ Pillow/sheets/sleeping bag

Other Items

- Camera (optional) ○ Sunglasses ○ **Water bottle**
- Hammer, work gloves, safety goggles (will be supplied at camp, but some people prefer to have their own) ○ \$\$\$\$ for TWO Meals

- ****Bible** ○ Notebook and pen or pencil
- ****Personal family health insurance card**

Each night we will have worship time together. Please feel free to wear casual clothes.

Important: Please remember to bring your personal family health

✂

Middle School Summer Mission Trip Kentucky
Kentucky Heartland Outreach OUMC Permission Slip

T-Shirt sz: S M L XL

___ \$50 Deposit ___ Cash ___ Check or ___ Fundraising

___ \$ ___ Balance ___ Cash ___ Check or ___ Fundraising

I, undersigned parent/guardian of _____ give permission for him/her to attend the Ski Retreat with Orange UMC. He/She has permission to be transported by van. I will not hold Orange UMC or any chaperones responsible for any injury that may occur during the trip.

_____ Signature _____ Date



Home Repair Project Participant Labor Release

The undersigned participant and his/her parent(s) and/or guardian(s) hereby release the host County, Kentucky Heartland Outreach and host location from any and all personal claims of any kind as a result of participation in the Kentucky Heartland Outreach Home Repair Project in the host county. This release will be in effect for the duration of the program.

Kentucky Heartland Outreach Participant Responsibilities Agreement

During my week with Kentucky Heartland Outreach, I will strive for the best week possible and I sign this document as an acceptance of the following responsibilities:

- 1.) **Keep myself healthy** – I will drink plenty of water to make sure I do not dehydrate. Also, I will refrain from using any tobacco products or drinking any alcoholic beverages.
- 2.) **Maintain a safe environment for myself and my crew** – I agree to be attentive and alert and I will look out for my crewmates at the site. I realize that horsing around could result on a serious injury.
- 3.) **Follow the Kentucky Heartland Outreach Schedule** – I agree to participate in all activities on the KHO schedule. To ensure that everyone, including myself, gets a sufficient amount of rest, I will respect lights-out.
- 4.) **Stay in areas designated by KHO staff and crew chiefs** – I will stay with the group at all times. **I will not leave the work site or lodging location without permission of the Camp Manager.** I understand that no guys are allowed in the “Females Only” areas and girls are not allowed in the “Males Only” areas.
- 5.) **Respect others property** – I will respect everyone’s personal property by not tampering with it or taking it. I expect others to grant the same respect to my belongings.
- 6.) **Sustain a clean environment** – I will keep my place of lodging clean and I understand that I am personally responsible for any damage done to the property.
- 7.) **Uphold a Christ-like attitude** – At all times, I will display a Christ-like attitude toward my peers, hosts, leaders, and the residents of the community.

“We give thanks to God...constantly bearing in mind **your work of faith and labor of love...**”
1 Thess. 1:2-3

Medical Release Form

STATEMENT OF PURPOSE

A home repair project is an opportunity for young men and women to be involved in a personal approach to missions education and involvement through construction-based projects which are promoted and sponsored by Kentucky Heartland Outreach, a ministry of Campbellsville University. Participation will involve some risks, as participants will be engaged in construction-related activities they may never have done before. As a participant, you will be fulfilling the role of a Christian servant as you invest your life in the lives of other people. The project will stretch you physically, mentally, socially, and spiritually.

AUTHORIZATION FOR TREATMENT/RELEASE OF ALL CLAIMS

I, the undersigned, do for myself (or for and on behalf of my child under 18 years of age) give my permission for an attending physician or hospital to administer medical care if deemed necessary by the Kentucky Heartland Outreach Executive Director and/or Camp Manager and the physician or hospital staff during the KHO work project.

I, the undersigned, do for myself, my heirs, executors, administrators, successors, and assignees (or for and on behalf of my child under 18 years of age and his/her heirs, executors, administration, successors, and assignees) understand that there is no secondary medical coverage provided by Kentucky Heartland Outreach. I, therefore, do hereby release from all claims and forever hold harmless the directors, officers, agents, and employees of Kentucky Heartland Outreach, from any and all claims and demands for personal injury, sickness, and death, as well as property damage and expenses, of any nature, incurred by myself (or my child under 18 years of age.)

I also assume personal responsibility for all medical bills (for myself or my child under 18 years of age). Furthermore, should it be necessary for the participant to return home due to disciplinary action, for medical reason, or otherwise, I hereby assume responsibility for all transportation costs.

PARTICIPANT MEDIA RELEASE

By signing this document, the participant hereby gives Kentucky Heartland Outreach their licensees, successors, legal representatives and assignees, the absolute and irrevocable right and permission to use the participant's name and to use, reproduce, edit, exhibit, project, display, copyright, publish photographic images and/or moving pictures and/or videotaped images of the participant with or without the participant's voice, or in which the participant may be included in whole or in part photographed, taped, videotaped, and/or recorded during the duration of the project, and therefore the circulate the same in all forms and media for art, advertising, trade, competition, of any description and/or lawful purpose and/or approve the finished product(s) or the editorial, promotional, or printed copy or soundtrack that may be used in connection therewith and any right that I may have to control the use to which said product(s), copy, and/or soundtrack may be applied. The participant discharges and agrees to save harmless Kentucky Heartland Outreach, their licensees, successors, legal representatives and assignees, from any liability by virtue of any blurring distortion, alteration, optical illusion or use in composite form whether intentional or otherwise, that may occur or be produced in the making, processing, duplication, projecting or displaying of said images, and from liability for violation of any personal or proprietary right that I may have in connection with said images and with the use thereof.

PARTICIPANT MEDICAL INFORMATION / RELEASE FORM

Name _____ Date of birth ____ / ____ / ____

Address: _____ Home Phone: (____) _____

SS# _____

Generally, my health is (circle one) Excellent Good Fair Poor

If **Fair** or **Poor**, please explain your condition: _____

Date of **most recent** tetanus shot ____ / ____ / ____

List any medical conditions for which you are **currently** being treated: _____

List any medications you are **currently** taking: _____

List any **medicines or substances** to which you are **allergic**: _____

PLEASE PROVIDE THE FOLLOWING INFORMATION:

Please attach a copy of both sides of your insurance card to this form.

Family Physician _____ Phone (____) _____

Physician's address _____

Please INITIAL the following signifying that you have read and agree with the following:

- Home Repair Project Participant Labor Release
- Kentucky Heartland Outreach Participant Responsibilities Agreement
- AUTHORIZATION FOR TREATMENT/RELEASE OF ALL CLAIMS
- PARTICIPANT MEDIA RELEASE

PLEASE SIGN AND COMPLETE BELOW

(THIS FORM IS NOT VALID UNLESS SIGNATURE IS NOTARIZED)

Participant's Signature (if age 18 or older) or Parent/Guardian _____

Date _____

Address _____

Emergency Contact _____ Phone (____) _____

(if different from parent, please specify relationship to participant)

FOR NOTARY USE ONLY
Acknowledged before me this ____ day of _____, 20 ____
Notary Signature _____ State of _____
My commission expires ____ / ____ / ____