

### Foundations For Nations Code of Conduct Form

1. **Purchase or consumption of alcoholic beverages, tobacco, drugs**, other than medications authorized by your Team Lead, are **NOT** allowed on any mission trip.
2. **Be early for transportation.** Buses and vans will not wait for you and neither will those leading the group. It is your responsibility to know the departure times and be on time!
3. **Follow all instructions at all times.** You are a part of a team. Do what is best for the team by following instructions of the Team Leads. In honor, prefer one another. You must not leave the group to do your own thing **no matter how important or right it seems in your eyes.**
4. If an emergency arises and you need to leave the group, **tell your Team Lead.** After your Team Lead has been informed, let the Lead approve someone to go with you. You should **not** go alone.
5. **Be mature, loyal, faithful, and Christ-like at all times.** Your actions reflect the Body of Christ, your church, and Foundations For Nations. There should be no horseplay or foolishness in public or places of ministry. There should be no joking or making fun of the Native Americans, their language, customs, or understanding. Be respectful to all and ready to be a blessing.
6. **No complaining!** Do not criticize **anything** or **anyone.** You are the guest of the community or the country in which you are ministering so respect their ways. If you are disrespectful or offensive, you could potentially undue years of hard work where Foundations For Nations has been ministering. Be grateful and appreciative. If your host or community serves you a meal; trust God, thank them, and eat it with a smile.
7. **Do not discuss politics** with anyone while on the Reservation. Listen to what others have to say about their country, but make no comments. Do not tell them how much better it is to live off of the Reservation.
8. **Take care of yourself.** Get rest, drink plenty of water. Try to stay on normal routine with your health habits as much as possible. A mission trip is not the time to start an exercise program, a new diet, or a fast. **Prepare yourself BEFORE you go! Fasting is not permitted on the trip.**
9. **Dress code.** We want to represent Christ in our appearance on the Reservation.
  - Shorts can be worn, but 6 inches from the knee. No “short shorts.”
  - No tank tops
  - No Yoga pants
  - No “Indian sports gear” (Washington Redskins, Chicago Blackhawks, Cleveland Indians, etc.)(This would be offensive to the Native Americans)
  - No political gear (Republican, Democratic, Trump, Obama, etc.)(This could be offensive to the Native Americans)

Violation of any of the above may result in removal from the mission trip.

Will you abide by the above Code of Conduct?

Name: \_\_\_\_\_

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

# Medical Release Form

## Medical Emergency Information

### Personal Information

Last Name		First Name	Middle Name
Nickname, if any	Sex	Date of Birth / Age	Height / Weight
Address			
City		State	Zip Code
Primary Phone Number		Cell Phone Number	
Email			

**Any medical problems we need to be aware of that could be an issue on the trip**

<p style="text-align: center;"><b>Allergies</b></p> <input type="radio"/> None <input type="radio"/> Unknown List Drug / Food / Other Allergies: _____ _____ _____ _____ _____	<p style="text-align: center;"><b>Past Medical/Cardiac History</b></p> <input type="radio"/> None <input type="radio"/> Unknown <input type="radio"/> Angina <input type="radio"/> Arrhythmia <input type="radio"/> Cardiomyopathy <input type="radio"/> CHF <input type="radio"/> Congenital <input type="radio"/> Implanted Defib <input type="radio"/> MI Other _____	<p style="text-align: center;"><b>Surgical History</b></p> <input type="radio"/> None <input type="radio"/> Unknown <input type="radio"/> Abdominal <input type="radio"/> Heart <input type="radio"/> Lung <input type="radio"/> Neurological Other _____ _____ _____
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### Current Illnesses / Conditions

<input type="radio"/> None <input type="radio"/> Asthma <input type="radio"/> Bleeding Disorder <input type="radio"/> Cancer <input type="radio"/> COPD <input type="radio"/> CVA / TIA <input type="radio"/> Diabetic	<input type="radio"/> Dialysis/Renal <input type="radio"/> Gastrointestinal <input type="radio"/> Headaches <input type="radio"/> Hepatitis <input type="radio"/> HIV + <input type="radio"/> Hypertension <input type="radio"/> Paralysis	<input type="radio"/> Psychological <input type="radio"/> Seizures <input type="radio"/> Substance Abuse <input type="radio"/> TB <input type="radio"/> Unknown Other _____ _____
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### Current Medications

None  In area below, please list the following information regarding all meds currently being taken -llname, dose, route (how administered i.e. by mouth or other), frequency and reason prescribed:

_____
_____
_____
_____
_____
_____



**RELEASE OF CLAIMS**

**AND AUTHORIZATION FOR MEDICAL TREATMENT**

I acknowledge my intent to participate in a missions trip to the Wind River Reservation, to be conducted by or in association with by Foundations For Nations, Inc. ("FFN") on or about the following dates: \_\_\_\_\_ ("the Trip").

I acknowledge that by participating in the Trip, I may experience or be exposed to personal injury or trauma from illness, disease, civil unrest, war, terrorism, transportation accident or failure, or other circumstances. I acknowledge that FFN cannot guarantee my protection against such risks, but I nevertheless choose to participate in the Trip.

Individually and on behalf of my heirs, I release and agree to hold FFN and its directors, officers, employees, and volunteers (collectively, "FFN and its agents") harmless from all liability for harm to me or my property resulting directly or indirectly from my participation in the Trip and/or any related activities or events. Such liability includes but is not limited to liability for my personal property or death or harm to my personal property resulting from the negligence of FFN or its agents or from illness, disease, civil unrest, war, terrorism or transportation accident or failure, or other circumstance. In other words, I will not sue FFN or its agents for any reason, whatsoever, connected with the Trip.

I personally assume all risks and liabilities in connection with my participation in the Trip, and I agree to indemnify FFN and its agents against any liability which might be assessed against any of them as a direct or indirect result of my participation in the Trip. I understand that FFN does not provide any insurance, (including without limitation, health, medical, accident, life, travel, overseas, funeral/burial, or death related remains transport insurance) and it is my responsibility to purchase insurance if I desire coverage. FFN will not cover any costs incurred by injuries, illness, death or property damage.

If I am injured during the Missions Trip and I am unable to authorize medical treatment, and a member of my family is not available to do so, I authorize FFN on my behalf to authorize dental, medical, or surgical treatment, including but not limited to the administration of X-rays, anesthetic or anesthesia by any medical professional chosen by FFN. This authorization is given to encourage FFN and said medical professional to exercise their best judgment as to any diagnosis or medical, dental, or surgical treatment. I personally assume the duty of payment to any physician, dentist, surgeon, hospital, clinic, or ambulance service and release FFN from any such duty of payment.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed Name

**PARENTAL CONSENT AND RELEASE OF CLAIMS**

**FOR MINOR'S PARTICIPATION IN A SHORT TERM MISSION TRIP**

As the parent or legal guardian of \_\_\_\_\_ (hereinafter referred to as ("Minor")), I authorize Minor to attend and participate fully in a missions trip to the Wind River Reservation, to be conducted by or in association with by Foundations For Nations, Inc. ("FFN") on or about the following dates: \_\_\_\_\_ ("the Trip").

I acknowledge that, as a participant in the Trip, Minor's actions reflect upon FFN. Therefore, I agree that Minor shall behave in an appropriate Christian manner and shall exercise reasonable care in participating in order to avoid damaging the reputation of or risking the assessment of liability against FFN.

I acknowledge that by participating in the Trip, the Minor may experience or be exposed to personal injury or trauma from illness, disease, civil unrest, war, terrorism, transportation accident or failure, or other circumstances. I acknowledge that FFN cannot guarantee Minor's protection against such risks, but I nevertheless authorize the Minor's participation.

Individually and on behalf of Minor, I release and agree to hold FFN and its directors, officers, employees, and volunteers (collectively, "FFN and its agents") harmless from all liability for harm to Minor or Minor's personal property, resulting directly or indirectly from Minor's participation in the Trip and/or any related activities and events. Such liability includes but is not limited to liability for personal injury or death of Minor or harm to Minor's personal property resulting from the negligence of FFN or its agents or from illness, disease, civil unrest, war, terrorism or transportation accident or failure, or other circumstance. In other words, I will not sue FFN or its agents for any reason, whatsoever, connected with the Trip.

I personally assume all risks and liabilities in connection with the Minor's participation in the Trip, and I agree to indemnify FFN and its agent against any liability which might be assessed against any of them as a direct or indirect result of Minor's participation in the Trip. I understand that FFN does not provide any insurance, (including without limitation, health, medical, accident, life, travel, overseas, funeral/burial, or death related remains transport insurance) and it is my responsibility to purchase insurance if I desire coverage. FFN will not cover any costs incurred by injuries, illness, death, or property damage.

In the event of Minor's injury during any the Trip or its activities and I am unavailable to authorize medical treatment, I authorize dental, medical, or surgical treatment, including but not limited to the administration of X-rays, anesthetic, or anesthesia, by any medical professional chosen by FFN. I understand and agree that this consent is given to encourage FFN and the medical professional to exercise their best judgment as to such diagnosis or medical, dental, or surgical treatment. I personally assume the duty of payment of any medical professional, hospital, clinic, or ambulance service, and release FFN from any such duty of payment.

\_\_\_\_\_  
Parent Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed Name