



Murray G. Martin, Pastor

MISSIONS COVENANT

If selected to participate on a Holman Street Baptist Church group trip, I will abide by the following covenant, from the time I leave the Holman Street Baptist Church campus until I return to that campus. I will do the following:

1. Familiarize myself with the customs, cultures, and traditions of the country or region to which I will be traveling; respect all customs, cultures, and traditions; and act in deference to such customs, cultures, and traditions, which includes action or dress that will not be offensive to the people of the country or region to which I am traveling as described by the team leader and/or orientation leaders.
2. Respect the views and feelings of the other group team members and those of the host community.
3. Refrain from all conduct that may reflect poorly on myself and my work team, including consumption of alcoholic beverages, use of illegal drugs, gambling, or possession of weapons of any kind;
4. Refrain from the use of tobacco unless done in complete privacy or refrain if I am underage.
5. Support the group leadership.
6. Attend and participate in all activities in preparation for the trip. While on the group trip, attend and participate in all sharing sessions and devotions, contribute to team efforts, and share my experience with I return; (if asked)
7. Travel with the group to and from the site.
8. Be a true servant and representative of Christ, Christ's church, and Holman Street Baptist Church.
9. All participants traveling in the church van must be fully vaccinated. Must show proof; (if asked).

I understand that if I fail to abide by this covenant, I may be immediately returned to Houston, TX at my own expense and that I will reimburse Holman Street Baptist Church to the full cost of my trip over and above the portion paid for me.

Printed Name: _____

Signature: _____

Date: _____



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MEDICAL INFORMATION FORM

FULL NAME _____
LAST FIRST MIDDLE

BLOOD TYPE (CIRCLE ONE)
A- A+ B- B+ AB- AB+ O- O+ DON'T KNOW OTHER _____
RARE BLOOD TYPE

INFORMATION ABOUT ANY PRESCRIPTIONS I USE

I AM ALLERGIC TO

EMERGENCY CONTACT

FULL NAME _____
LAST FIRST MIDDLE

ADDRESS _____

CITY _____ STATE _____ ZIP CODE _____

PHONE () _____ () _____
HOME WORK

RELATIONSHIP _____

HEALTH INSURANCE INFORMATION

INSURANCE COMPANY _____

POLICY NO. _____ CONTACT PERSON _____

ADDRESS _____

CITY _____ STATE _____ ZIP CODE _____

PHONE () _____ () _____
OFFICE FAX



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PHYSICAL LIMITATIONS OR CONCERNS

I AM DIABETIC YES NO
I HAVE HYPERTENSION YES NO
I HAVE ASTHMA YES NO
I HAVE A HISTORY OF SEIZURES YES NO
I HAVE BACK PROBLEMS YES NO

PLEASE PROVIDE OTHER HELPFUL HEALTH INFORMATION

I CONSIDER MYSELF HEALTHY ENOUGH TO FULFILL MY RESPONSIBILITIES ON THE GROUP TEAM. YES NO

Participant's Printed Name: _____

Participant's Signature: _____

Date: _____

Parent or Guardian Printed Name: _____

Parent or Guardian Signature: _____

Date: _____



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MEDICAL RELEASE FROM

I, _____ authorize _____
(Volunteer Participant) (Another Adult of the trip)

Consent to any necessary examination, anesthetic, medical diagnosis, surgery, or treatment and/or hospital care rendered to me under the general or special supervision and on the advice of any physician or surgeon licensed to practice medicine by the state in which they practice, during the duration of the trip identified below.

Group Trip or Activity _____

Date of Trip _____

Participant's Physician _____ Telephone () _____

Allergies and Medication(s) _____

PARTICIPANT'S HEALTH INSURANCE INFORMATION

INSURANCE COMPANY _____

POLICY NO. _____ CONTACT PERSON _____

ADDRESS _____

CITY _____ STATE _____ ZIP CODE _____

PHONE () _____ () _____
OFFICE FAX

Participant's Printed Name: _____

Participant's Signature: _____

Date: _____

NOTARIZATION OF MEDICAL RELEASE FORM

STATE OF TEXAS Soc. Sec. No. _____

COUNTY OF HARRIS IN THE CITY OF HOUSTON



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On this _____ day of _____ year _____, before me personally appeared _____ to me known to be the same person described in and who executed the within instrument, and who acknowledged the same to be the free act and deed thereof.

Notary Public

_____ Harris _____ County, State of _____ Texas _____

My Commission Expires _____

Copies Sent To: Holman Street Baptist Church
P.O. Box 1420
Houston, TX 77251-1420



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LIABILITY RELEASE FORM

The undersigned releases and agrees to hold harmless Holman Street Baptist Church and any related agency, conference, district, local church, member, employee or agent from any liability, injury, damages, loss, accidents, delay or irregularity related to the undersigned planned participation or involvement in the following project:

This release covers all rights and causes of action of every kind, nature, and description, which the undersigned ever had, now has, or but for this release, may have. This release binds the undersigned and his heirs, representatives and assigns:

Participant's Printed Name: _____

Participant's Signature: _____

Date: _____

LIABILTY RELEASE FORM

STATE OF TEXAS Soc. Sec. No. _____

COUNTY OF HARRIS IN THE CITY OF HOUSTON

On this _____ day of _____ year _____, before me personally appeared _____ to me known to be the same person described in and who executed the within instrument, and who acknowledged the same to be the free act and deed thereof.

Notary Public

Harris County, State of Texas

My Commission Expires _____

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