



# HEARTWORK MISSIONS

Tel: (970) 301-7070 // Email: [missions@heartworkmissions.com](mailto:missions@heartworkmissions.com) // PO Box 727 Windsor, CO 80550

## **CODE OF CONDUCT**

### **ALL PARTICIPANTS AGREE TO THE FOLLOWING:**

I will not participate in or have possession of illegal drugs, alcohol, firearms, or fireworks. I will abide by the laws of the state I am serving in. I know that illegal activity will be reported immediately to local authorities.

I will operate safely by not leaving the lodging campus without an adult 21 years or older. I will not change room assignments so my location is known in case of an emergency.

I will honor people, places, and authorities by not using obscene language, acting in reckless behavior harmful to others or myself, respecting the local community by not damaging the facilities or properties.

I will respect others by not using tobacco at the work site, at the lodging facility, in the neighborhoods I serve in, and I understand that it is illegal to use tobacco on school grounds.

I will recognize and submit to the authority of the Heartwork Missions staff. I understand that Heartwork Missions is the final authority.

I will not engage in inappropriate sexual activity including obscene gestures, comments, or physical contact. I also know that such behavior will be reported to local authorities if warranted by law.

I know that I am a willing participant in a missions trip activity. I know that I may not have the conveniences of home. I will not bring valuables that cannot be stored with me at all times.

**I/We will respect God, the local community, and our youth group by abiding to this Code of Conduct. Violation of the Code of Conduct may forfeit the privilege of participating in this missions trip.**

**I may be asked to leave (without reimbursement and at my own expense) at the request of the Heartwork Missions staff or my youth leader.**

**My signature on the participant form verifies that I have read, understand, and agree to abide to the Code of Conduct during this missions trip.**

## **ADULT SPECIFIC (21 AND OLDER)**

I will serve as a positive role model for students and others. I will participate with a positive attitude and team effort during the missions trip.

I will show respect to the staff of Heartwork Missions, local authorities, leaders, and youth participants.

I will avoid and refuse to participate in any inappropriate sexual activity including comments, gestures, or physical contact.



# HEARTWORK MISSIONS

Tel: (970) 301-7070 // Email: [missions@heartworkmissions.com](mailto:missions@heartworkmissions.com) // PO Box 727 Windsor, CO 80550

---

## RELEASE AGREEMENTS

*Your signature on the participant form verifies that you have read and agree to the below release agreements.*

### RELEASE OF LIABILITY

I, individually, and in my capacity as parent, guardian, or next friend of any listed child, waive, release, and indemnify Heartwork Missions, its agents, employees, and volunteer assistants from any liability whatsoever arising out of any injury, illness, damage, or loss, which may be sustained by the participant during the course of involvement with this missions trip with Heartwork Missions. Furthermore, I agree to indemnify and hold Heartwork Missions, its staff, employees, volunteers, vendors, and agents harmless against all expenses, damages, costs which may incur from a lawsuit I might file. I fully recognize and understand that Heartwork Missions serves with subcontractors, schools, community agencies, churches, and other sponsors that are separate entities and organizations. Heartwork Missions is a separate and distinct organization.

### MEDIA WAIVER RELEASE

I hereby understand that my child may be photographed and recorded during the trip. I authorize Heartwork Missions to use such material for its purposes.

### MEDICAL RELEASE

I authorize Heartwork Missions to use and provide my child's health information in the event of medical treatment or payment as allowed by law. It is my responsibility to provide my child's health insurance and to have that health insurance information available on the trip.

### DISCIPLINARY PROCEDURES

I hereby recognize that all illegal activity will be immediately subject to the attention of local authorities. The Heartwork Missions staff and the local authorities will process all sexual misconduct incidents. Offenses against the Code of Conduct will be the responsibility of the youth leader or contact person. The Heartwork Missions staff is the final authority of this mission trip and on disciplinary action. The Heartwork Missions staff will immediately remove participants that are a threat to others, engage in illegal activity, or create unsafe and disruptive behavior during the missions trip.

### CODE OF CONDUCT AGREEMENT

My signature on the participant form signifies that I have read and agree to abide by the Code of Conduct. If violations require removal of my student, the youth leader and responsible parties will be responsible to incur all expenses.

**Continue by filling out the Participant Form below.  
You will be able to sign the document at the bottom.**



# HEARTWORK MISSIONS

Tel: (970) 301-7070 // Email: [missions@heartworkmissions.com](mailto:missions@heartworkmissions.com) // PO Box 727 Windsor, CO 80550

---

## PARTICIPANT FORM

**GROUP NAME:** St Andrew  
**LOCATION:** Colorado  
**DATES:** June 7-13, 2026



---

### PARTICIPANT

**LAST NAME:** \_\_\_\_\_ **FIRST NAME:** \_\_\_\_\_  
**DATE OF BIRTH:** \_\_\_\_\_ **PHONE:** \_\_\_\_\_  
**STREET ADDRESS:** \_\_\_\_\_  
**CITY:** \_\_\_\_\_ **STATE:** \_\_\_\_\_ **ZIP:** \_\_\_\_\_  
**EMAIL ADDRESS:** \_\_\_\_\_



---

### PARENT OR GUARDIAN (If participant is under 18 years old)

**LAST NAME:** \_\_\_\_\_ **FIRST NAME:** \_\_\_\_\_  
**DATE OF BIRTH:** \_\_\_\_\_ **PHONE:** \_\_\_\_\_  
**STREET ADDRESS:** \_\_\_\_\_  
**CITY:** \_\_\_\_\_ **STATE:** \_\_\_\_\_ **ZIP:** \_\_\_\_\_  
**EMAIL ADDRESS:** \_\_\_\_\_



---

*I have read and agree to the Code of Conduct and Release Agreements. My signature below authorizes Heartwork Missions to use and provide my (or my child's) health information in the event of medical treatment and payment as allowed by law. \*\*It is your responsibility as a participant to provide your own health insurance and it is recommended that you bring your health insurance information with you on the trip.*

**PARENT/GUARDIAN SIGNATURE:**  
(If participant is under 18 years old)

**PARTICIPANT INITIALS:**