



Boulder Mission Trip 2025

Saturday June 7th through Saturday June 14th

Basic Trip Itinerary

Saturday June 7, 2025-

8:30 a.m. - Arrive at Fellowship of Faith

PLEASE MAKE SURE TO BRING ALL NECESSARY PAPER WORK!

9:00 a.m. - Leave for East St. Louis

3:00 p.m. - Arrive at Good Samaritan Ministries.

(5000 N Park Dr East St. Louis, IL 62204)

Sunday June 8, 2025-

Church at a Good Samaritan volunteer's church

Free Day and BBC planning

Monday June 9 - Friday June 13, 2025

Bible Boot Camp, Listening prayer, evening projects, worship

Saturday June 14, 2025

8:00 a.m. - Breakfast, Clean, and Pack Up

9:00 a.m. - Leave for FoF

3:00 p.m. - Arrive at FoF. **Please be ready to pick them up!**

Important Numbers:

Gwen Johnson's Cell Phone 630-290-1396

Tim Johnson's Cell Phone 224-908-6065

Checklist of Things to Bring

Boulder's Paperwork	
Prescriptions with clearly written instructions in a ziplock bag	
Air mattress, sleeping bag, pillow	
Towel and flip flops	
Personal hygiene needs (deodorant, soap, shampoo, toothbrush/paste, etc.)	
Phone chargers	
Hat, work gloves, bug spray, sunscreen	
Day bag/ backpack	
Clothes to work in and clean clothes for nights	
Walking/work shoes	
Bible (as in a physical copy!)	
Notebook and pen	
Reusable water bottle	

Code of Conduct

Failure to follow the code of conduct set out by the Boulder Leadership team will result in your student being sent home immediately. The parent/guardian will be called and required to make travel arrangements to get their student from **Good Samaritan Ministries** regardless of hour. A student will be sent home for breaking any of the following rules.

1. Inappropriate actions, including those of a sexual nature.
2. Acts of violence or talk of violence towards anyone (including themselves).
3. Using or being caught with alcohol, tobacco, or any narcotic.
4. Leaving the grounds unaccompanied for any reason.
5. Using or being in possession of fireworks of any kind.
6. Intentional destruction or defacing of the church, grounds, or other person's property.
7. Acts of defiance or disrespect towards any staff.

Parent/Guardian Commitment

I, _____, parent/guardian of _____ have read the Code of Conduct. I accept that if my student fails to follow the Code of Conduct I will be required to make travel arrangements to get my student from **Good Samaritan Ministries** regardless of the hour.

Parent/Guardian Signature

Date

Student Commitment

I, _____, have read the Code of Conduct. I accept that if I fail to follow the Code of Conduct my parent/guardian will be required to make travel arrangements to get me home from **Good Samaritan Ministries** regardless of the hour. I pledge to honor Christ with my actions at this retreat.

Student Signature

Date

**Fellowship of Faith's Student Ministry
Minor Travel General Release and Hold Harmless Agreement**

Participant's Name: _____

Address: _____

City: _____ Zip: _____ Home Phone: _____

Emergency Phone: _____

Contact: _____

Relationship to participant: _____

Specific activity: Boulder Mission Trip Summer 2025

I, _____, am the parent or legal guardian of the above-listed participant (a minor), who desires to participate in various programs, events, or activities operated or sponsored by Fellowship of Faith Lutheran Church, McHenry, IL. I understand and acknowledge that Fellowship of Faith will not allow my child to participate in any activities without releasing the holding Fellowship of Faith harmless from any liability arising out of participation in the activities. I have investigated the risk involved in my child's participation in the activities and fully understand and assume such risks on my behalf. Specifically, I understand and acknowledge that my child may suffer or experience, among other things, personal injury or bodily damage, medical disabilities, loss or theft of personal property, imprisonment, abduction and even death. I REQUEST THAT THE CHURCH ALLOW MY CHILD TO PARTICIPATE IN THE ACTIVITIES, AND IN CONSIDERATION THEREOF AGREE HEREBY TO RELEASE AND FOREVER DISCHARGE THE CHURCH, ITS OFFICERS AND DIRECTORS, AND ITS EMPLOYEES, AGENTS, AND ANY PARTIES VOLUNTEERING ON BEHALF OF FELLOWSHIP OF FAITH, FROM ALL ACTIONS, CAUSES OF ACTION, INJURIES, CLAIMS, DAMAGES, RANDOM DEMANDS, COST OR EXPENSES OF ANY KIND, GROWING OUT OF OR RELATED TO ANY SUCH ACTIVITIES IN WHICH THE CHILD PARTICIPATES. I UNDERSTAND THAT THIS IS A FULL AND COMPLETE RELEASE OF ALL INJURIES AND DAMAGES WHICH I OR THE CHILD MAY SUSTAIN AS A RESULT OF HIS/HER PARTICIPATION IN ANY OF THE ACTIVITIES, REGARDLESS OF THE SPECIFIC CAUSE THEREOF. I acknowledge and agree that I have given my consent for my child to remain in the custody of the Fellowship of Faith's representatives while participating in the activities whether on or off-site. This Agreement is binding on my child's, successors and personal representatives.

Initial _____

Medical Treatment Authorization and Power of Attorney

In the event my child suffers an injury or condition during his/her participation in the activities, including transportation to and from an activity, which may endanger his/her life, cause disfigurement, physical impairment, or undue discomfort if medical treatment is delayed, and reasonable attempts to contact me or my spouse have been unsuccessful, I hereby appoint Fellowship of Faith's staff as my agent to act for me and in my name (in any way I could act in person) to make any and all decisions for my child concerning his/her personal care/medical treatment, hospitalization and health care. This power of attorney and delegation of authority will terminate when the agent is first able to contact me or my spouse.

Initial _____

Media Release

Regarding photographs of my child taken at any Fellowship of Faith events, I give Fellowship of Faith permission to do the following for nonprofit use and without charge: use at the discretion of Fellowship of Faith, display at a service or event or be used in a multimedia presentation, reprint and distribute for any Fellowship of Faith non-profit publication, display on the Fellowship of Faith website, or use quotes and video clips on the website or online social media.

Initial _____

The undersigned agrees to the above initialed sections and this agreement is binding on my heirs, successors and personal representatives.

(Print Full Name) Parent or Legal Guardian

Signature

Date