



## What to Bring

- Work clothes (grungy clothes you wouldn't mind leaving behind- not that we want them)
- t-shirts (no tank tops, spaghetti straps, or cut off sleeves)
- modest shorts (finger-tip length only and no yoga pants)
- Athletic shoes or other shoes appropriate for work (no open-toed shoes or thinly soled shoes)
- Clothes for free time and evening programs (remember to be modest in your dress)
- Bathing suit (modest one piece bathing suits only )
- Leather Sandals so you can be in the Passion Play (no flip flops or modern looking sandals, we do have ones you can borrow if you forget yours!)
- Bible, pencil/pen
- Sleeping bag or twin sized linens and pillow
- Toiletries & bath towel
- Insect repellent
- Flashlight
- Work gloves and hat
- Sunscreen, sunscreen, sunscreen (you will still get a tan)
- A refillable water bottle
- Bring Permission Slip and Release of Liability Form (on next page!)

Permission Slip & Release of Liability

Church Name: \_\_\_\_\_ Church Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

I, (please print) \_\_\_\_\_ acknowledge that I have volunteered to participate in construction and other activities at Great Passion Play I understand that these activities are not conducted in the course of trade or commerce, and do not involve the lease or sale of goods or services. I am aware that I am voluntarily participating in these activities of construction, which include, but are not limited to, the construction of set, loading and unloading materials, painting, framing, finishing, transporting to and from building sites, and other related activities, with the knowledge of the danger involved. I hereby agree to accept any and all risk of injury and verify this statement by placing my signature below. I hereby agree that I, my assignees, heirs, distributees, guardians and legal representatives will not make a claim against, sue, or attach the property of Great Passion Play, its directors, officers, agents, employees, volunteers, suppliers, or contractors. This release is intended to be broad in its effect. I authorize a church representative and/or Great Passion Play staff member to obtain medical treatment for my child in the event of injury or illness and agree to pay any expenses incurred for treatment.

Participant Name: \_\_\_\_\_ D.O.B: \_\_\_\_\_

Address: \_\_\_\_\_

Contact Phone: \_\_\_\_\_

Insurance Carrier: \_\_\_\_\_ Policy #: \_\_\_\_\_

Allergies: \_\_\_\_\_

Date of last tetanus shot: \_\_\_\_\_

Medical information: \_\_\_\_\_

Signature of participant: \_\_\_\_\_ Date: \_\_\_\_\_

Signature of Parent or Guardian: \_\_\_\_\_ Date: \_\_\_\_\_