

Participation Covenant & Consent

Participant's Name: _____

This covenant is between you, the planning team, and God. This covenant covers some things about you, and the things that you will commit to as part of this weekend, and things that you and parents\guardians give consent for.

For this event, we will be gathering together as a community – and everyone needs to work together to make sure that it's a healthy, safe, and fun experience.

As Encounter: A TEC weekend leaders, we are committed to supporting you and the rest of the community in these things, and to helping you be mindful of your commitments.

Leader's Signature

Leader's Signature

Believing that I am a part of the whole people of God, I covenant to be responsible in my actions, abide by the community guidelines, respect and care for the other members of the community, and be open in mind and heart to the teachings and leadings of the Holy Spirit. I covenant to be mindful of God's spirit and creation

Signature (Participant)

Signature (Parent/Guardian)

Please initial to indicate if you consent to the following, and have your parent/guardian also initial and then both sign below:

I consent for my photograph and/or video image may be taken and used for promotional purposes.

The planning team would like to contact your parish to encourage them to support you before, during, and after the weekend.

I consent for the planning team to contact my parish.

The Youth and Family Ministry Vision, Strategy, and Support Team (YFM VSST) of the Diocese (the group responsible for this event and other events in the diocese) would like to use your contact information to keep you informed about upcoming events and opportunities.

I consent for my contact information to be shared with the YFM VSST and for them to contact me.

I hereby authorize the adults responsible for the event to secure such medical advice and services as may be deemed necessary for my child's health and safety in the event of an emergency. I agree to accept financial responsibility in excess of the benefits allowed by Provincial Health Insurance Plans.

Signature (Parent/Guardian)

Print Name and Date