**Synod Youth Delegate**

**Participation Covenant & Consent**

Participant’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

This covenant is between you, your parish, and God. This covenant covers some things about you, and the things that you will commit to as part of this role and things that you and your parents/guardians give consent for.

As parish leaders, we are committed to supporting you in your role, 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, respect and care for the other members of Synod, 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)

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