

March For Our Lives - Washington, DC LEAMNJ* Buses • 3/24/18
YOUTH PARTICIPANT COVENANT & PARENT/GUARDIAN CONSENT

**Lutheran Episcopal Advocacy Ministry of New Jersey (www.leanmj.org)*

Name: _____ Phone # I will having during the event: _____

Home Congregation & Town _____

Episcopal Diocese of Newark; Episcopal Diocese of New Jersey; New Jersey Synod, ELCA; Other

I am participating in the March For Our Lives - Washington, DC under the care of the following Designated Adult Chaperone (DAC):

DAC Name: _____ Relationship to Youth Participant: _____

DAC mobile phone: _____ DAC email address: _____

Participant Expectations

Our primary goal is to provide a safe, healthy community with which to attend the March For Our Lives -Washington, DC, 3/24/18. In this community we expect the behavior of all participants to reflect the faith we share in Jesus Christ our Lord.

Therefore, it is expected that:

1. We will seek to serve Christ in all people, respecting the dignity of every human being and work together as a community for the benefit of all.
2. For reasons of safety and accountability, participants will remain throughout the event, and the event leaders will be advised if leaving the site becomes necessary.
3. No alcohol or other drugs (other than prescribed medication) will be brought or used at the event.

By my signature I agree to abide by the stated expectations of this event.

Signature of **Youth Participant**: _____ Date: _____

I grant the Lutheran Episcopal Advocacy Ministry NJ, the Episcopal Diocese of Newark, the Episcopal Diocese of New Jersey and the New Jersey Synod, ELCA the right to use, alter, and reproduce any images (still or video) from the event in any medium solely for the purpose of promoting the ministries of said entities without compensation.

Signature of **Parent/Legal Guardian**: _____ Date: _____

Parent/Guardian Consent Form

_____ (printed name of youth participant). In the event that I cannot give authorization in person, I hereby give authorization to the above designated Adult Chaperone or Event Leader to seek emergency medical treatment for the above named youth. This authorization is valid only during the 3/24/18 March For Our Lives event and the bus rides to and from. Every effort will be made to contact me immediately in the event medical treatment is necessary or any emergency situation arises.

Signature of **Parent/Legal Guardian**: _____ Date: _____

On the day of the Event, 3/24/18, I can be best reached at this phone #: _____

Forms due no later than 3/20/18. Email form to: info@leanmj.org or Fax to: 609-586-1597 or mail to: MFOL-Buses, 1930 Highway 33, Hamilton Square, NJ 08690