

March For Our Lives - Washington, DC LEAMNJ* Buses • 3/24/18

ADULT PARTICIPANT COVENANT

**Lutheran Episcopal Advocacy Ministry of New Jersey (www.leadnj.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

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 Adult 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 Adult Participant: _____ Date: _____

For Adult Chaperones Only:

For Adults attending the March For Our Lives - LEAMNJ Buses as designated Adult Chaperones for minors also attending the March:

1. I will stay in close proximity to the minors in my care throughout the entire event, including riding on the same LEAMNJ Bus.
2. I will have contact information for a parent or other legal guardian for every youth in my care and will reach out to them should any need arise.
3. I will receive a copy of my youth participants' paperwork when we load the bus on the morning of the event. I will keep that paperwork with me throughout the day, including both bus rides.
4. I will act in all ways to care for the physical well-being of the in my care.

By my signature I agree to above stated expectations for Adult Chaperones.

Signature of Adult Participant: _____ Date: _____

I am the designated Adult Chaperone for the following minor/s: (please include full names)

1. _____
2. _____
3. _____
4. _____
5. _____

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