**Middle School Gathering 2.0: Service and Storytelling**

**April 13, 2024**

Salem – Dakota City, Holy Trinity-Sidney, Messiah-Grand Island, Sheridan - Lincoln

***Every participant is REQUIRED to turn in this signed form when checking in at Middle School Gathering on Saturday, April 13, 2024***

*Please print:*

Participant Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Youth Participant \_\_\_\_ Adult Group Leader \_\_\_\_\_

Congregation/Town \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**MSG Covenant:**

Gathering as community requires a commitment from each person to actively support the goal to create safe space for each of us to grow in our faith, engage in learning and strengthen our connections as youth in Nebraska. This requires each of us to come with an open mind, be respectful of others’ opinions and ideas and to work cooperatively following the directions, rules and guidelines established by the MSG leaders.

Participants are expected to stay on site the entire time we are gathered, to respect God’s creation and the church facilities and abstain from use inappropriate behaviors that may include use of alcohol, illegal drugs, smoking, vaping and/or inappropriate activities. Expectations including boundaries, the schedule and code of conduct will be reviewed with participants Saturday Morning.

I commit to abide by the Covenant and the expectations of the MSG leaders. I understand that I may be sent home at my expense if I break this covenant.

Participant Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Emergency Contact Information:**

Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Relationship \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Cell phone \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Do you have a medical condition that would prevent you from participating in any activity? \_\_yes \_\_\_no

If yes, please explain:

Allergies to food, medication, or environment:

**Participant Permission**

I will not hold the Nebraska Synod, event planners or adult leaders responsible for accidents, claims and damages arising therefrom. I authorize event planners and adult leaders to obtain medical treatment for my child/myself should it be deemed necessary. I assume responsibility for all expenses incurred for this treatment and related transport. By checking this box [ ]  I also give Nebraska Synod permission to use any photographs and/or video of my child/myself taken at this event in future promotion of church-related youth programming **OR**  by checking this box, [ ]  I **do not** give permission for photographs and/or video of my child/myself to be used for promotion by the Nebraska Synod or the congregation.

I have reviewed the MSG Covenant and understand breaking the covenant could result in being sent home at our/my expense.

Parent/Guardian of Minor: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Signature Date

Adult Participant: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Signature Date

Each ADULT participant must also complete a Volunteer Screening Form and return it by April 1 to office@nebraskasynod.org.