SHINE! Leadership Lab Lutheran Youth of Nebraska (LYON) Fall High School Event November 22-24, 2024

Covenant Cedars Camp, Hordville, NE

Every participant is REQUIRED to turn in this :	signed form when checking in at LYON on November 22, 2024.			
Without a signed form, you will NOT be allowed to participate!!!!!				
Please print:				
Participant Name:	Adult Group Leader Adult Group Leader			

Congregation/Town		
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LYON 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 LYON leaders.

Participants are expected to stay on site the entire time we are gathered, to respect God's creation and the camp facilities, and abstain from 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 Friday Evening.

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

Participant Signature:		Date		
Emergency Contact Information: Name:		Cell phone		
Do you have a medical condition tha If yes, please explain:	t would prevent you from participa	ting in any activity?yesno		
Allergies to food, medication, or env	ironment:			
arising therefrom. I authorize should it be deemed necessary transport. By checking this boy child/myself taken at this ever	event planners and adult leaders to y. I assume responsibility for all exp (] I also give Nebraska Synod per nt in future promotion of church-rel r photographs and/or video of my c	s responsible for accidents, claims and damages obtain medical treatment for my child/myself enses incurred for this treatment and related mission to use any photographs and/or video of my ated youth programming OR by checking this box, hild/myself to be used for promotion by the		
Parent/Guardian of Minor participar	nt:			
	Signature	Date		
Printed Name of Parent/Guardian: _		Phone Number		

	.		
Adult	Partici	pant:	

Signature

Date

***Each ADULT participant must also complete a Volunteer Screening Form and return it by November 15, 2024 to office@nebraskasynod.org.