



Authorized Agent of Church Agreement

"I am responsible for all individuals in my group."

Please initial each section.

_____ I understand that my group leaders and I are responsible for all counseling and spiritual decisions of my students throughout the week.

_____ I understand that my group leaders and I are responsible for abiding by the event guidelines WBU Youth Leadership Camp has set that will be communicated to each participant at camp. This includes dress standards, attendance to any and all gatherings, lights out, guys and girls being in the appropriate rooms, no alcohol, tobacco, drugs, weapons or fireworks and any shared campus guidelines.

_____ I understand that my group leaders and I are responsible for all medical needs and decisions related to any and all participants in our group. This includes medical/injury treatment, management of medical release forms, participant medical insurance information, knowledge of participant medical history, management of any medicines at camp, transportation to any medical facility, all communication with a home church, parents or guardians. WBU Youth Leadership Camp will not have any responsibility for the medical needs of your participants while at camp.

_____ I understand that my group leaders and I are responsible for the departure of any students that are leaving early for any reason. In the event that I have a student leaving camp early, I will communicate that information to the camp office at the earliest possible opportunity. I also understand that there are not pro-rated costs for students that have to leave camp for any reason.

_____ I understand that my group leaders and I are responsible for all supervision of our students including discipline for the entirety of the camp experience. I agree to consult with my church leadership in the event of inappropriate actions between participants. Also, any damages on campus caused by members of my group, or any charges from lost keys are the full responsibility of my church and we will be billed accordingly at the time of the incident or as soon as WBU Youth Leadership Camp is notified.

"I am responsible for all my group leaders to have had a background check in the past 12 months and affirm that my church has an active child-protection policy."

Please initial each section.

_____ I understand that I am responsible for listing all of my adults on the **Background Check Verification Form** and submit with my final paperwork upon checking into camp.

_____ I understand that no legal adult leader will be permitted with my group as a participant at camp without the **proper background check** being performed by my church within the past 12 months.

"I am responsible for reading, understanding and agreeing to the WBU Youth Leadership Camp Terms and Conditions." Please initial each section.

_____ I understand that deposits are due April 29th and are non-refundable and non-transferrable after April 29th.

_____ I understand that any cancellation or reduction in group size after April 29th will result in a loss of deposit funds, a loss in any registration discounts and a loss of credits applied to those spaces dropped.

Print Your Name: _____

Church Name: _____

Church Address: _____

City: _____ State: _____ Zip Code: _____

Signature: _____ Date: _____

