

## Youth Covenant for Mission u July 25-27, 2024

As a participant in Mission u, I take seriously my responsibility and affirm my commitment to the well-being and safety of myself and others. I agree to remain on the site of the event or meeting unless I have been granted permission to leave by my designated responsible adult:

\_\_\_\_\_. I will attend all scheduled activities, sessions, and meals. I will observe published curfews by being in my room, being quiet, and not disturbing others. I understand that anything considered illegal for minors (persons under 18) under civil law and criminal law applies to this event or meeting as well. Therefore, I will obey all laws. I will not use tobacco, illegal substances, or alcohol, nor will I possess any firearms, weapons, or fireworks. I will respect the equipment and property of others and care for the facility which we share. Any damage to the facility will be the sole responsibility of the person or persons who cause the damage and the parent or legal guardian of each person responsible.

This covenant is made between each teen participant and the entire group. I understand that if I break the covenant, and if the brokenness cannot be reconciled, my parent or legal guardian will be contacted, and my participation in the event or meeting may be terminated.

\_\_\_\_\_  
Signature of Teen Participant

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed Name

Parental consent:

I give my permission for my child, \_\_\_\_\_, to participate in Mission u, to be held July 25-27 at Wesley United Methodist Church in Yakima, Washington. I am aware of the purpose of this event or meeting and understand the scope and nature of the programs and activities my child will participate in during the event or meeting. I have read the covenant, which my child has signed, and I understand the responsibilities they have agreed to. I will support them in fulfilling this covenant.

I designate \_\_\_\_\_ to be the responsible adult for my child during Mission u, to be held July 25-27 at Wesley United Methodist Church in Yakima, Washington. I have read and understand the United Methodist Women National Office policies and procedures for responsible adults.

\_\_\_\_\_  
*Printed Name & Signature of Parent or Legal Guardian*

\_\_\_\_\_  
*Date*