



GROUP LEADER AGREEMENT FORM:

Date(s) of Event at The Vision: _____ Event Name: _____

Church/Organization:

Name: _____
Address: _____
City: _____ State: _____ Zip: _____
Phone Number: _____ Website: _____

Group Leader:

Name: _____
Home Phone: (____) _____ Work Phone: (____) _____ Cell Phone: (____) _____
Email address: _____

Anticipated number of participants:

Boys: _____ Girls: _____ Female Adults: _____ Male Adults: _____

Are there any other special needs/allergies/custody situations that we need to be aware of? If yes, please explain:

By signing below, you agree that: (Please initial each line)

_____ You will have your organization's completed medical release and activity permission forms for all participants in your event hosted by Vision Ministry and understand that it will be the responsibility of you and your leadership team to assess medical needs, obtain and consent to appropriate medical care, transport persons in need of medical care, and contact parents or guardians of minors.

_____ You have read our policies and guidelines and agree to hold your group participants accountable for damages and behavior.

_____ You have read our statement of faith at <http://visionministry.org/about-us/> and agree that while using facilities at The Vision, you will not promote, teach, or openly support values contrary to Vision Ministry's statement of faith; and that, while using facilities at The Vision, your group will conduct its behavior in a manner that is in no way contrary to Vision Ministry's statement of faith.

_____ You understand that activities led by Vision Ministry staff (ropes course, tomahawk range, etc.) require a separate signed activity release form provided by Vision Ministry for each activity participant.

Group Leader Printed Name: _____

Signature: _____ Date: _____

Pastor/Elder/Administrator Printed Name: _____

Signature: _____ Date: _____

NOTE: Please complete the event schedule on the following page.

Event Schedule

Please complete this as accurately as possible so that we can plan for your needs:

Event:	Day:	Time:	Notes:
Arrival: (Any time after 2:00 p.m. unless otherwise planned with our office.)			
Ropes Course: (Usually a 4-hour block; can be before and after lunch. Activities fees apply.)			
Tomahawk Throwing: (Usually 30 mins to 1 hr.; Activities fees apply.)			
Bonfire: (optional)			
Guided Hike: (optional)			
Swimming: (optional)			
Other:			
Departure: (Must check out by 10:00 a.m. unless otherwise planned in advance with our office.)			