

ASSEMBLIES OF GOD EVENT PARTICIPATION AFFIDAVIT

Purpose: To verify agreement between (church name) _____ located (address/city/st) _____ and the General Council of the Assemblies of God (GCAG) located at 1445 North Boonville Avenue, Springfield, Missouri, the required steps for participation in the **Royal Rangers National Camporama (The Event)** on **July 10-15, 2022** at **Eagle Rock, Missouri**. Please read the following information carefully and initial each statement to signify understanding and verification of the required step. Groups will not be allowed to participate in The Event without fully completing this form and the steps outlined below.

____ **Adult Background Checks:** The undersigned Pastor warrants that the church has run background checks and has checked references on all adult (18+) participants that will be traveling on The Event when minors will be on such trip and is aware of no information that would suggest that any of said persons pose a risk of harm to minors. Background checks will consist of the minimum of a nationwide criminal records check and a National Sex Offender registry check. Reference checks should be with a person who knows of the participant's suitability to be with children and confirm they are not aware of any information that would suggest that any of said persons pose a risk of harm to minors.

____ **Assumption of Risk/Parental Consent:** The undersigned Pastor warrants that an approved church leader has collected fully completed Assumption of Risk, Release, and Indemnity Agreement* forms for all adults, age 18 and over, and fully completed Parental Consent and Medical Treatment Authorization for Minors* forms for all children, age 17 and under, who will be traveling on The Event. The Pastor further warrants that the approved church leader will retain direct access to the completed forms while traveling to, during, and returning from the Event and that the church office will retain the forms indefinitely. Additionally, the church has been made aware of the availability of Mission Assure insurance as optional coverage for all adults and minors who will be participating in The Event. The registration details from GCAG's online event registration system will serve as the full record of all participants for The Event.

____ **Approval of Authorized Church Leadership:** The undersigned Pastor confirms the identity of the group leader, named immediately below, who will be representing the church at The Event and that the same has been approved by the Church Board in session with minuted action granting authority to supervise all participants and activities on behalf of the above-mentioned church as it pertains to The Event.

Printed Name of Authorized Leader

Authorized Leader DOB:

____ **Risk for Denial of Entry:** The undersigned Pastor understands failure to complete the necessary steps according to the outlined process above prior to the published deadline can result in denial of entry for any and all participants within the group. The authorized church leadership assumes full responsibility to understand and comply with all requirements as stated above.

Signature of Lead Pastor/Chairman of the Board/Legal Representative

Printed Name:

Date Signed

Lead Pastor/Chairman of the Board/Legal Representative Email

Lead Pastor/Chairman of the Board/Legal Representative Phone Number

Witness' Signature (Officer or Board Member of Church)

Printed Name

Date Witnessed

Witness' title