



Group Leader Agreement

Church: _____
 Address: _____
 City: _____ State: _____ Zip: _____
 Group Leader Name (Authorized Agent): _____

It is the desire of SDEA to reach the world one by one. During events this best happens through a solid partnership with the local church to help create a meaningful and safe experience. The following responsibilities are asked and required from each attending group's leadership:

- **I understand the responsibilities of the Scott Dawson Evangelistic Association are only to provide programming for the conference.**
- **I am responsible for the Spiritual guidance of all individuals in our group.**
This includes, but is not limited to, counseling students and adults concerning spiritual decisions in corporate gatherings, quiet time, church group time, as well as other opportunities throughout the event.
- **I am responsible for discipline, supervision and leadership of individuals in our group.**
This includes, but is not limited to, in the lodging, during corporate gatherings, during scheduled events and throughout free time.
- **I understand that any damages incurred on campus due to actions from members of our group will be the sole responsibility of that individual or the church/group that they are attending with.**
- **I understand that all decisions regarding medical needs of individuals under my supervision are the sole responsibility of me and our adult leadership.**
This includes, but is not limited to, decisions about medical/injury treatment, collecting and maintaining copies of medical release forms, medical history or attendees' medical insurance information, transportation to medical facilities if needed and communication with parents or guardians regarding any medical needs of attendees.
- **I am responsible for a child protection policy.**
This may necessitate conducting background checks on the adult leaders you bring, as well as establishing guidelines and policies that ensure the safety of the students you bring to camp.
- **I understand that I am responsible for the arrival and departure of all of my students. If parents are picking up a student early they will make arrangements through me and I will communicate with them regarding any attendee's departure from a SDEA event.**
- **I also understand and agree to abide by the refund policy and the cost and attendance requirements.**
- **I understand that I am responsible to uphold the event guidelines that SDEA and the conference location have set that will be communicated to each student and adult at SDEA events.**
This includes, but is not limited to, dress standards, attendance, lights out, guys and girls being in the appropriate rooms, no alcohol, tobacco, drugs, weapons or fireworks.

In the event of an accident or injury to a participant at SDEA events, the SDEA staff will not make any recommendations or decisions regarding medical treatment or diagnose illnesses or injuries. Our staff may provide basic first aid but will never provide medication of any kind. All medical decisions are reserved for the authorized agent (group leader) of the church. We strongly urge that medical attention be sought for any injury occurring during at a SDEA event.

I understand my responsibilities as the authorized agent of my church and I will properly train, educate and inform each of my adult leaders to help our group carry out our assigned tasks and expectations.

Signature: _____ Print Name: _____
 Church: _____ Date: _____