
Safe Space for Schooling

Please return before participation. Safe Space for Schooling is a drop in program where youth are expected to take care of themselves and respect others. Youth will be asked to leave for behavior that is distracting or dangerous.

Release of Liability: I accept unto myself all responsibility and liability for any injury, death or other loss or damage that occurs to me and/or to the minor as a result of the minor's participation in Shepherd of the Valley events. I will indemnify and hold harmless the ELCA, its agents, affiliates, volunteers, staff, Shepherd of the Valley, and all participating agencies from all claims, judgments, and cost, including attorney's fees incurred in connection with any action that may be brought as a result of the minor's participation in SOV's youth activities.

I have carefully read this agreement and release and I fully understand its contents. I sign of my own free will.

Name of youth _____

Parent/guardian signature _____ Date _____

Photo Release

_____ I **DO** give permission for my child's picture to be taken during any events at Shepherd of the Valley for use in local newspapers, church newsletters, church website, etc. (no names included)

_____ I **DO NOT** give permission for my child's picture to be taken for use in local newspapers, church newsletters, church website, etc.

Name of youth _____

Parent/Legal Guardian Signature _____

COVID-19 Agreement

I will not send my youth to Shepherd of the Valley if they or a member of my household has signs, symptoms, or has been exposed to COVID-19.

We will respect social distancing and follow the guidelines in place to keep youth and staff safe.

Shepherd of the Valley will:

- Follow applicable Alaska Health Mandates
- Monitor staff, volunteers, and youth for signs and symptoms (temperatures will be taken and recorded)
- Sanitize regularly used surfaces every fifteen minutes
- Limit group sizes to 10 with social distancing and non-shared supplies
- Trace contacts and alert families if there is an infection

Please provide your name and phone number. This will only be used if your youth suddenly shows symptoms, if another person gets sick, or if there is an emergency.

Name _____ Phone Number _____