

**RECEIPT AND ACCEPTANCE OF LARGO COMMUNITY MINISTRIES PROGRAM
ACTIVITY SAFETY POLICY**

I hereby acknowledge receipt of the Largo Community Ministries Program Activity Safety Policy. I understand that it is my continuing responsibility to read and know its contents. I also understand and agree that the Program Activity Safety Policy is a requirement for the period of participation or employment (includes volunteers) of all Largo Community Ministries activities, that shall include participation or employment with any sponsoring/partner organizations and/or institutions. Therefore, I acknowledge and understand that any incident, attempt to oppose, activity or violation to this policy shall constitute in the immediate removal of all the individuals affiliations or associations with Largo Community Ministries. Unless otherwise, pardon by Largo Community Ministries Program Director or Executive Director, however, this decision shall not be rendered if any legal action is taken against any/all violators.

ALL CONSULTANTS, EMPLOYEES, DIRECTORS, VOLUNTEERS AND PARTICIPANTS MUST CERTIFY THIS POLICY AGREEING TO THEIR UNDERSTANDING AND ADHERENCE OF THIS POLICY BY PROVIDING THEIR SIGNATURE ON THE *PROGRAM ACTIVITY SAFETY POLICY* CERTIFICATION FORM. ANY PARTICIPANT UNDER THE AGE OF 18 CANNOT SIGN THIS POLICY AND MUST HAVE A LEGAL PARENT OR GARDIAN CERTIFY (SIGN) THIS POLICY. HOWEVER, ALL CONSULTANTS, PARTICIPANTS, EMPLOYEES, DIRECTORS AND VOLUNTEERS ARE RESPONSIBLE FOR CERTIFYING AND ADHERING TO THIS POLICY.

I have read, understand and agree to all of the above. I have also read and understand the Largo Community Ministries' Program Activity Safety Policy. I agree to uphold and adhere to this policy.

Participant/Employee Signature _____

Print Name _____

Date _____

(If required) Legal Parent/Guardian Signature _____

Print Name _____

Date _____