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## West Central Region Youth of Unity

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### Group Agreements

2026 Leadership Rally

Friday, Feb 20<sup>th</sup> – Saturday, Feb 21<sup>st</sup>

I have free choice to attend Regional Events, while attending a Regional Event, I agree to:

1. Attend and remain at all scheduled activities at their designated times and places.
2. Give my loving support and attention to all speakers and to all workshop and activity leaders.
3. Remain in designated boundaries unless authorized by the Regional Consultant to leave for a specific purpose and with a responsible adult.
4. Use or possession of non-prescription drugs or alcohol and smoking is prohibited enroute to/from and at Regional Events.
5. Leave electronic devices like music or video players, cell phones, etc at home or locked in sponsor's car.  
No cell phones are permitted. It is illegal to post photos of individuals on the internet without their written permission. Regular cameras are permitted.
6. Practice centering during group meditations, and remain silent and respect others people's space.
7. Abstain from all sexual activity and honor the personal boundaries of others. Regional Events are for group activities, leave "romance" for your own private gatherings at other times.
8. Remain in Family and other groups to which I am assigned.
9. Look for the Highest Good in all people and situations, and for ways I can give and receive to make this event a special experience for myself and everyone else.
10. I will be driven to and from this event by an adult who is 25 years of age or older.

I understand that the above agreements are essential for the group's Highest Good, and that if I break any of these agreements, I can be removed from the event if deemed necessary and appropriate by the Regional Consultant and the Head Sponsor(s). It is further understood that the adults, signed below, will be responsible for legally and safely transporting me from the event, if such action is required.

REGISTRATION FEES ARE NON-REFUNDABLE
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I have read and agree to the above: YOUer/Uniteen name.....

I have completed the attached Medical Release Form and I have read and agree to the above:

Parent.....date.....

I have reviewed the above agreements with (YOUer/Uniteen name) .....  
and the attached Medical Release Form. To the best of my knowledge, these forms are complete and accurate. Therefore, I agree to the above:

Sponsor..... Minister.....

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