



Parental Room Check Agreement

Program/Camp Name: _____

Participant Name (Please Print): _____

Parent/Guardian Name (Please Print): _____

The Parental Room Check Agreement is to ensure the safety and well-being of all participants in a program/activity hosted at or by ABAC. It applies to all participants including minors enrolled in an ABAC residential overnight camp.

This agreement authorizes ABAC Minors on Campus program directors or designated staff to conduct unannounced safety/hygiene room checks. This agreement allows the program director or designated staff to conduct (for cause) room checks following an event of any suspicious activities or reports of program conduct violations.

All room checks are required to be conducted by a minimum of two adult program staff.

Participant

I understand that as a condition for participating in the Program I must comply with the Program's Room Check Agreement.

Participant Signature: _____ Date: _____

Parent/Legal Guardian

I understand that my child will be subject to the Parental Room Check Agreement.

Parent/Legal Guardian Signature: _____ Date: _____