

## **Children/Youth Protection Agreement**

This statement of agreement is to acknowledge that I have received a copy of the Prevention of Children and Youth Abuse Policy on the date shown below. I understand that it provides guidelines and important information regarding the children and youth ministries of Smith Memorial Baptist Church. I also understand that it is my responsibility to read, understand, become familiar with, and comply with the guidelines that have been established.

I further understand that Smith Memorial Baptist Church reserves the right to modify, supplement, rescend, or revise any of these guidelines from time to time, with or without notice, as they deem necessary or appropriate.

Signature of Person	on		
Printed Name of F	erson		

**Date**