

# Interfaith Bridge Building Schedule

<b>9:00 a.m.</b>	Nametags/Check-in
<b>9:15 a.m.</b>	Introductions
<b>9:30 a.m.</b>	Journal and Discussion
<b>9:45 a.m.</b>	Why Interfaith?
<b>10:00 a.m.</b>	Values
<b>10:30 a.m.</b>	Conversation with Muslim partners
<b>12:00 a.m.</b>	Lunch
<b>12:45 p.m.</b>	Mosque Visit
<b>1:30 p.m.</b>	Volunteer Opportunity
<b>2:30 p.m.</b>	Islamophobia
<b>2:45 p.m.</b>	Debrief - What did you see?
<b>3:30 p.m.</b>	Tour

# Interfaith Bridge Building Covenant

Event Dates: \_\_\_\_\_

Congregation: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Church Phone: \_\_\_\_\_

Contact Person: \_\_\_\_\_

Contact Title: \_\_\_\_\_

Contact Phone: \_\_\_\_\_

Approximate number of participants\* (including adults): \_\_\_\_\_

**\*Cost is \$20/participant payable at time of Interfaith Bridge Building, or invoiced upon completion.**

**\*If your group has fewer than 30, another group may join you.**

COVENANT: Augsburg College's Interfaith Bridge Building provides an opportunity for Augsburg Student Guides to share their faith in settings both on and off the college campus. As part of our commitment to your group, we request AT LEAST ONE (1) ADULT CHAPERONE PER SIX (6) MIDDLE SCHOOL YOUTH/PER EIGHT (8) HIGH SCHOOL YOUTH be present during the entire period of Interfaith Bridge Building. We also recommend reading "Help Sheets" for Youth Ministry at [www.elca.org](http://www.elca.org).

I/WE agree to the above covenant.

Signature(Contact): \_\_\_\_\_ Date: \_\_\_\_\_

Please return with down payment of \$100 to:

Amy Hanson, Admin. Assistant  
Augsburg College Campus Ministries  
2211 Riverside Avenue, CB120  
Minneapolis, MN 55455

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2211 Riverside Avenue, CB120, Minneapolis, MN 55455  
(612) 330-1732 | [hansona2@augsborg.edu](mailto:hansona2@augsborg.edu)

# Interfaith Bridge Building Excursion Map



**We will visit Dar Al Hijrah Mosque, Afro Deli, and complete a community service task in the community. All destinations are within walking distance.**

*Interfaith Bridge Building Participant Health History*

*This form helps the staff of the Augsburg College Interfaith Bridge Building program be fully aware of any medical condition you or your child may be experiencing during the program. Please be open and honest with us. All information on this form is confidential and limited to viewing by the Augsburg College Interfaith Bridge Building and Campus Ministries staff.*

**IMPORTANT: IF REGISTRANT IS A MINOR (under 18 years of age): PARENT OR LEGAL GUARDIAN MUST SIGN.**

*Please Print Clearly*

Name: \_\_\_\_\_ Gender: \_\_\_\_\_ Birth date: \_\_\_\_\_  
                    Last                      First

Parent/Guardian (if registrant is a minor):

\_\_\_\_\_

Address: \_\_\_\_\_

—

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone W: (\_\_\_\_\_) \_\_\_\_\_ H: (\_\_\_\_\_) \_\_\_\_\_ C: (\_\_\_\_\_) \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Phone W:(\_\_\_\_\_) \_\_\_\_\_

Name of Physician: \_\_\_\_\_ Phone: (\_\_\_\_\_) \_\_\_\_\_

**INSURANCE: You are financially responsible for health care given.**

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**\*\*In case of emergency, send copy of insurance card with this document.\*\***

Policy Holder: \_\_\_\_\_ Policy Number: \_\_\_\_\_

**HEALTH:**

Do you have any special medical/mobility needs the staff needs to be aware of during your time at Interfaith Bridge Building?

If yes, please explain your situation and needs:

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**MEDICATIONS: Note: All medications must be kept secure and are not to be shared with other participants. Please use additional sheets if more space is necessary.**

Medication Name	Dosage	Time Taken	Reason for Medication
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Are there any medications that the student should not be given?

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**ALLERGIES:**

Do you have allergic reactions to foods, medications, or other substances? Y N

If Yes, please describe: \_\_\_\_\_

Does this cause anaphylaxis? Y N

Describe reaction and what is done to manage it:

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**FOOD NEEDS/PREFERENCES: Let us know of any special dietary needs, preferences, or concerns:**

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**AUTHORIZATION BY PARENT/LEGAL GUARDIAN (NEEDED IF REGISTRANT IS A MINOR):**

My child has permission to engage in all activities at the Augsburg College Interfaith Bridge Building program. In the event I cannot be reached in an emergency, I hereby give permission to the physician selected by the Augsburg College Interfaith Bridge Building program to hospitalize, secure proper treatment for, to order injection, anesthesia or surgery for my child as named on this form. I recognize this form applies to day trips off the Augsburg campus. It is the policy of Augsburg College to contact parents in the event of serious injury or illness.

Parent/Guardian Signature: \_\_\_\_\_

Parent/Guardian Name (Print): \_\_\_\_\_ Date: \_\_\_\_\_

### Interfaith Bridge Building Participant Release

I \_\_\_\_\_, willingly participate in the Augsburg College Interfaith program.

I acknowledge participation in the Augsburg College Interfaith Bridge Building program offers many benefits, but also may involve certain risks and hazards of injury and/or property damage. In the event of an injury and/or property damage incident, I acknowledge that I may experience a delay in contacting Augsburg or the congregation sponsor, or in receiving immediate medical care and assistance if injury occurs.

I further agree to indemnify Augsburg College, its Board of Regents, faculty, staff or volunteers for any and all damage or injury to myself or others that I may cause as a result of my participation in the Augsburg College Interfaith Bridge Building sponsored events. I release and waive any liabilities against Augsburg College and its aforementioned agents.

I agree that if I do not behave in a manner consistent with Augsburg's mission or the hosting organization regulations on good conduct, I may be asked to leave the event.

I acknowledge that these activities and events may include but are not limited to activities both on and off Augsburg property, during day and evening hours, requiring transportation by motorized vehicles. Such events and activities may involve the preparing and eating of food, using candles, fire, certain tools, arts and crafts supplies and other materials, some events may involve recreational and/or sports activities such as, but not limited to large group games, hiking, swimming, and other outdoor activities.

I further acknowledge that I am responsible for my personal health insurance coverage.

Should any of the provisions of this Agreement and Release, or portions thereof, be found to be invalid by any court of competent jurisdiction, the remainder of this Agreement and Release shall nonetheless remain in full force and effect. This Agreement and Release shall be construed under the laws of the State of Minnesota.

**I HAVE CAREFULLY READ THIS AGREEMENT AND RELEASE AND FULLY UNDERSTAND ITS CONTENTS. I SIGN IT OF MY OWN FREE WILL.**



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Participant Signature \_\_\_\_\_

Participant Name (Print) \_\_\_\_\_ Date \_\_\_\_\_

**IF REGISTRANT IS A MINOR (under 18 years of age): PARENT OR LEGAL GUARDIAN MUST SIGN.**

I am the Registrant's parent or legal guardian. I am signing this Agreement and Release on my own behalf and on behalf of the Registrant and his/her heirs and assigns.

**I HAVE CAREFULLY READ THIS AGREEMENT AND RELEASE AND FULLY UNDERSTAND ITS CONTENTS. I SIGN IT OF MY OWN FREE WILL.**

Parent/Guardian Signature \_\_\_\_\_

Parent/Guardian Name (Print) \_\_\_\_\_ Date \_\_\_\_\_