



BATTERED WOMEN AND CHILDREN'S MEMORIAL GARDEN

# Safety Agreement

The Battered Women and Children's Memorial Garden community must be safe. It is the responsibility of the entire Memorial Garden community to create and maintain safety. Everyone participating must carry a signed Safety Agreement for every event. I, \_\_\_\_\_

1. will **NOT** physically harm anyone, including myself, in any way.
2. will **NOT** threaten to harm myself or others.
3. will **NOT** fail to get care for medical situations (including physical harm and illness) that require emergency medical treatment. If immediate medical treatment is indicated, including for serious self-destructive acts, it is my responsibility to get treatment. If I fail or refuse to get appropriate treatment that does not mean I have not hurt myself. Others in attendance will contact the police/emergency medical services if I do not.
4. will **NOT** fail to get help for others who are hurt or injured. I will get help by calling 911 and/or the police/emergency medical services.
5. will **NOT** throw, break or destroy objects and/or property, use tools recklessly, operate vehicles or equipment dangerously, steal or borrow without permission, enter a room with a closed door without being asked to enter, fail to respect private spaces.
6. will **NOT** speak in a disrespectful/abusive way toward myself or others, including by yelling, raising my voice, swearing at myself or others, name-calling, silencing, laughing at, humiliating, not respecting somebody's "no," repetitively interrupting, promoting gendered assumptions, dishonoring/disrespecting diversity (diversity includes: differing opinions, color, race, gender, sexual orientation and gender identity/expression, popularity, ability, intelligence, age, size, shape, social/spiritual/economic/cultural backgrounds, religion, and nationality).
7. will **NOT** fail to protect anonymity. This means I will not disclose someone else's involvement in the Memorial Garden, reveal another's personal information, take photographs or make recordings without permission, etc.
8. will **NOT** touch others or myself inappropriately, make sexual advances towards others, pressure others about anything including, but not limited to, being friends, meeting outside of the Memorial Garden, money, etc.
9. will **NOT** have firearms, explosive devices, or other weapons in my possession.
10. will **NOT** be, or knowingly bring an individual who is: a) currently intoxicated, b) impaired by a mental health or a physical ailment which mimics intoxication, c) actively homicidal or suicidal, or d) otherwise unsafe to themselves or others.

\_\_\_\_\_  
If I am feeling unsafe, and/or recognize that the environment may not be safe, I will tell another person at the Memorial Garden. If I display, or knowingly bring someone who currently displays, any of the above behaviors during any Memorial Garden activity or on Memorial Garden property or while representing the Memorial Garden, I agree to separate or be separated from the community. If I separate/am separated from the Memorial Garden community, I agree to construct a safety and accountability plan in order to reenter, subject to the review and approval of the Memorial Garden Advisory Council. I have read this Safety Agreement or had it read and/or explained to me and agree to follow it.

My signature: \_\_\_\_\_ Date: \_\_\_\_\_

If the person named above is a minor, the signature of their parent or legal guardian is necessary:

Parent/legal guardian signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent/legal guardian name: \_\_\_\_\_

If the person named above is unable to consent due to incompetency, the signature of a legally authorized person on their behalf is necessary:

Legally authorized person signature: \_\_\_\_\_ Date: \_\_\_\_\_

Legally authorized person name: \_\_\_\_\_

Legally authorized person relationship to person named above: \_\_\_\_\_