

2018 GLOBAL LEADERSHIP PARTICIPANT RELEASE AND WAIVER FORM

Every Participant must have a completed and signed release form to turn in at registration on the first day of session in order to participate.

Minor's Name	Name of Parent/Legal Guardian	Session Dates	Graduation Year
Address	Parent/Legal Guardian Cell Phone	Session Location	
City, State, & Zip	School	School Address	
Phone Number	School Phone Number	City, State, & Zip	

Yes, you have my permission to send me updates, resources and newsletters from LEAD 2 EMPOWER

Email Address _____

Liability Release. For good and valuable consideration, the receipt and sufficiency of which are hereby acknowledged, I, _____ as parent or legal guardian of _____, a minor (hereinafter "Minor"), hereby grant the permission necessary to allow Minor to participate in the above "Session" to be conducted by LEAD 2 EMPOWER INC. I, in my own behalf and on behalf of Minor, further agree to release and to hold harmless LEAD 2 EMPOWER, LEAD 2 EMPOWER'S corporate sponsors (hereinafter "Sponsors"), the hosting site, (university, hotel, convention center, high school) on whose premises the Camp will occur (hereinafter the "Location") the affiliates of Varsity Spirit, and the respective directors, officers, representatives, members, agents and employees of proceeding parties (hereinafter collectively "Releasees") from any and all liability whether caused by the negligence of the Releasees or otherwise for any claim, judgment, loss, liability, cost and expenses (including, without limitations, attorney's fees and costs) arising out of or connected with the sessions, including any claim arising out of or connected with any illness or injury (minimal, serious, catastrophic and / or death) that Minor may incur or sustain during the sessions, all activities associated with the sessions and while traveling to and from the site for the sessions whether or not the sessions actually occurs. I further expressly agree to indemnify and hold harmless Releasees and Releasees' heirs, successors, assigns, executors and administrators against loss from any further claims, demands or actions that may subsequently be brought by Minor or by any other persons on the account of damages of any character resulting to Minor in any way from the foregoing activities. I further agree to reimburse and to make good to Releasees any loss or costs Releasees may have to pay as a result of any such action, claim, or demand.

I hereby warrant that I have read this Liability Release in its entirety and fully understand its contents. I am aware that this Liability Release releases Releasees from liability and contains an acknowledgement of my voluntary and knowing assumption of the risk of injury or illness. I further acknowledge that nothing in this Liability Release constitutes a guarantee that the sessions will occur. I have signed this document voluntarily and of my own free will.

Signature of Parent or Legal Guardian **X** _____ Date _____

Medical Release. I, in my own behalf and on behalf of Minor, acknowledge and agree that such participation subjects Minor to possibility of physical illness or injury (minimal, serious, catastrophic and/ or death) and that I, in my own behalf and on behalf of Minor, acknowledge that Minor is assuming the risk of such illness or injury by participating in the sessions. In the event of such illness or injury, I authorize LEAD 2 EMPOWER to obtain necessary medical treatment of Minor and hereby, in my own behalf and on behalf of Minor, release and hold harmless Releasees in the exercises of this authority. I further acknowledge and understand that I will be responsible for any and all medical and related bills that may be incurred on behalf of Minor for any illness or injury that Minor may sustain during the sessions and while traveling to and from the site for the sessions whether or not the sessions actually occurs.

Appearance Agreement. I understand that as a participant and/ or a spectator at the sessions, Minor may be included in videotapes, photographs, DVDs, Podcasts and videocasts taken during the Camp. Therefore, without reservation or limitations, I, in my own behalf and on behalf of Minor, hereby assign, transfer and grant to LEAD 2 EMPOWER, its successors, assignees, licensees, sponsors, any television networks, and all other commercial exhibitors the exclusive right to photograph and / or videotape Minor and to utilize such videotapes and photographs and Minor's name, face, likeness, voice and appearance as a part of the sessions, in advertising and promoting the sessions or in advertising and promoting similar future events and for any use or purpose whatsoever and without reservations or limitations. I further understand that neither LEAD 2 EMPOWER nor any third party is under any obligation to exercise any of the foregoing rights, licenses and privileges. I, in my own behalf and on behalf of the minor, waive any right to inspect or approve the copies of any promotional materials related thereto.

Program/Session Rules. I further acknowledge and understand that LEAD 2 EMPOWER has established rules and regulations pertaining to conduct, behavior and activities of all session participants, by which Minor and I agree to abide during the session, and that Minor and I will be responsible for his/her/my failure to abide by those rules and regulations. Minor and I have received, read and understand the session rules. Minor and I understand that violation of the rules can result in dismissal from the program session with no refund. Minor and I understand that Sponsors may distribute samples of their products at program session.

Insurance and Payment

Please complete the information below. WE MUST HAVE THE POLICY NUMBER.

Insurance Company _____ Policy Number _____

Insurance Company Address _____

I represent that any medication to which Minor is allergic or medications that Minor is currently taking are listed below. I agree that Minor shall bring medications which Minor is currently taking with him/her to the session and that he/she shall consume the prescribed dosage for such medications. **LEAD 2 EMPOWER will not administer or supply any type of medication at the program session.**

Medications (if any) _____ Allergic to (if any) _____
I acknowledge that Minor suffers from the following conditions _____

Family _____ Doctor _____ Phone _____ Number _____
Minor Birthdate: _____

Emergency Information: Name: _____
Daytime Phone _____ Address: _____ Evening Phone _____
City, State, Zip _____

I, in my own behalf and on behalf of Minor, hereby warrant that I have read this Participant Release and Waiver Form in its entirety and fully understand its contents. I, in my own behalf and on behalf of Minor, am aware that this Participant Release and Waiver Form releases Releasees from liability and contains an acknowledgement of my voluntary and knowing assumption of the risk of injury or illness. I, in my own behalf and on behalf of Minor, further acknowledge that nothing in this Participant Release and Waiver Form constitutes a guarantee that the program session will occur. I, in my own behalf and on behalf of Minor, have signed this document voluntarily and of my own free will.

Signature of Parent or Legal Guardian **X** _____ Date _____

Relationship to Minor _____

I, identified above as Minor, acknowledge that I have read this Release and Waiver form. Date _____