



2018-2019 LEADERSHIP SOUTH DAKOTA AGREEMENT FORM

Name of Candidate: _____

I have read the *Liability Release* in its entirety and understand all of its terms. I execute it voluntarily and with complete knowledge of its significance.

_____ (class member initials)

I have read the *Media Release* in its entirety and agree to all of its terms.

_____ (class member initials)

I have read the *Medical Release Statement* in its entirety and agree to all of its terms.

_____ (class member initials)

EMERGENCY CONTACT INFORMATION (please list 2 contacts)

Name	Relationship	Phone Number(s)

I have read the *Attendance and Participation Agreement* and agree to all of its terms.

_____ (class member initials)

Signature of Participant

Date

Please upload this completed form with your Leadership South Dakota Application.



Liability Release of All Claims

In consideration of permission granted to participate in the Leadership South Dakota Program (LSD), I hereby release and discharge the Leadership South Dakota Program, and the agents, employees, officers, and directors, from all claims, demands, actions, judgments, and executions which the undersigned ever had, or now has, or may have, or which the undersigned's heirs, executors, administrators, or assigned may have, or claim to have, against any of the above-mentioned entities and persons, or their successors or assignees, for all personal injuries, known or unknown, and injuries to property, real or personal, caused by, or resulting from, my participation in LSD.

Media Release

I hereby authorize and grant permission to LSD and all parties associated, to use photographs of me or use my social media and other associated items on the LSD website, Twitter account, and Facebook account, or other appropriate media. I authorize LSD, its legal representatives, or successors the absolute right and unrestricted permission to copyright, publish and/or use such photographs or media in whole or part, or composite form made for art, advertising, or any lawful purpose.

I hereby waive any right that I may have to inspect and approve the product or the advertising copy that may be used in connection therewith, or the use to which it is applied. I understand no payment or compensation will be provided to use my photograph or recordings. I also agree that LSD may identify me by name, location, and such other identifying information utilized by LSD to recognize class members.

I hereby release, discharge, and agree to hold harmless LSD from any liability by virtue of any use whatsoever, where intentional or otherwise, that may occur or be produced in the use of my media utilized for LSD.

Medical Release Statement and Emergency Contact Information

I grant any of the directors or agents of LSD full authority to take whatever action they feel is warranted under the circumstances regarding my health and safety if I am not in a condition to give informed consent. This authority will permit the directors of LSD, at their discretion and at my own expense, to contact local emergency personal and/or transport me to a clinic/hospital/ER for medical services and treatment. The directors of LSD are also authorized to arrange transportation for me to my home/home city hospital for further medical treatment if this is deemed necessary by local medical authorities.

I hereby represent that to the best of my knowledge I do not presently have any medical condition that may require treatment by a physician or in a hospital while I am participating in LSD activities. Notwithstanding the provisions hereof, it is understood and agreed that this document is not



intended to create any obligation or duty on the part of the directors of LSD. I fully understand that the directors of LSD do not have training, skills, or experience in evaluating medical conditions or providing any form of medical care or treatment.

I agree to list two emergency contacts (name, phone) in case of an emergency and agree that the directors of LSD may contact them on my behalf.

Attendance and Participation Agreement

It is expected that Leadership South Dakota class members will actively participate in all meetings and activities with:

- An open and inquiring mind
- A willingness to learn
- A respect for opinions not in agreement with your own
- A commitment to greater service for the betterment of your own community, South Dakota, the United States, and the world.

1. Attendance Requirement

It is expected that each class member will attend every session in its entirety. Class members will be responsible for notifying a Program Director if you will not be present. Excused absences should be approved by a Program Director in advance of the class session. There should be no late arrivals or early departures. All unexcused absences, late arrivals, and early departures will be accumulated on an hourly basis to represent total missed session time.

- Attendance will be recorded each session. Unexcused absences equaling **one** entire session will result in notice of concern from the Leadership South Dakota Program Directors.
- Absences totaling **two** entire sessions may prevent the class member from officially completing the Leadership South Dakota program.

I have read the Attendance Requirements in the LSD Manual. I agree to participation as described. I will make every effort to attend the program in its entirety. I understand the reasons for not becoming a LSD graduate or removal from the program. If for any reason I am unable to attend any part of a session, I will notify a Program Director in advance.

In addition, I agree to be respectful of my classmates, presenters and tour guides, and the LSD directors and program by being fully present during sessions and not being disruptive during the sessions (i.e. walking out of a session; using cell phone, iPad, or laptop during a session).

***After the selection process is complete, the complete Leadership South Dakota Manual will be made available to members of the 2019 class.