



Parent Waiver Form (for delegates under 18 years old)

The Experience in Democracy Leadership Program (EDLP) and the Bert Corona Leadership Institute (BCLI) are fully insured up to \$1,000,000.000 for all program related liabilities that may occur during the training program. The EDLP/BCLI will take all reasonable care and precautions to ensure that participants are safe and healthy, and will exercise due diligence in accordance with our duty of care. We do, however, require completion of the following waiver for participants under 18 years of age. Delegates must, at all times, behave in a responsible and reasonable manner, and must not engage in conduct likely to endanger themselves, other delegates, members of the public or BCLI staff. BCLI is not liable for incidents outside of the program and its control.

In consideration of my/our child's acceptance into the EDLP, I/we as parents and/or legal guardians of the delegate _____, do hereby agree to waive all liability of the Experience in Democracy Leadership Program and the Bert Corona Leadership Institute, its staff, and physicians, for any accident, injury, illness, or any mishap that might befall the above named delegate while traveling to and from, or during attendance at the one-week training with the Experience in Democracy Leadership Program in Washington, DC.

Furthermore, I/we hereby grant permission to the staff of the EDLP, to exercise judgment in the best interest of the delegate, should medical or surgical treatment be deemed necessary and I / the person (s) named below cannot be contacted at that time.

I/We also give permission to use my/our child's image, name and photo taken during the training event in any promotional material, publication, or on the Web site.

Delegate's Name: _____ Parent's name: _____

Address: _____

Parent's work phone: _____ Mobile/Nighttime Phone: _____

If parents cannot be reached in case of an emergency, please provide the names and phone numbers if at least two others whom we may contact:

1. _____ Phone Number: _____

2. _____ Phone Number: _____

Emergency Release Form

The following information is required by most emergency care facilities before treatment can begin. Therefore, precious minutes can be saved and long moments of pain avoided if an EDLP staff member has ready access to this information.

Policy Holder's Name: _____ Insurance Company: _____

Policy Number _____ Phone Number of Insurance Company _____

Physician's Name _____

Physician's Phone Number _____ Preferred Local Hospital (s) _____

I HAVE READ THE ABOVE WAIVER AND RELEASE, AND BY SIGNING THE AGREEMENT, IT IS MY INTENTION TO EXEMPT AND RELIEVE THE EXPERIENCE IN DEMOCRACY LEADERSHIP PROGRAM AND THE BERT CORONA LEADERSHIP INSTITUTE FROM LIABILITY FOR PERSONAL INJURY, PROPERTY LOSS OR DAMAGE CAUSED BY NEGLIGENCE OR ANY OTHER CAUSE. (If less than 18 years old)

Parent/Guardian Signature

Date

Delegate Signature

Date