



APPLICATION FOR ADMISSION
CLASS 33

APPLICANT

Name: _____ Preferred first name for Name Badge: _____
 Employer: _____ Hire date: _____
 Title: _____ Business Category: _____
 Address: _____
 City: _____ State: _____ Zip: _____
 Phone: _____ E-mail: _____
 Cell: _____ Shirt size: LADIES: S M L XL XXL ~ MENS: S M L XL XXL

PERSONAL

Home Address: _____

 Home Phone: _____ Home E-Mail: _____

 Birth Month/Day _____ * Ethnic background _____ * Gender _____
 *To ensure that classes reflect the diversity of the community, you are asked to specify your gender, race and ethnicity if applicable. (These questions are optional).
 Number of years in Central Florida: _____
 How did you hear about this program? _____
 Please list dietary restrictions, if any. Example: Vegetarian. _____
 Please list physical limitations or accommodations needed, if any. _____

EDUCATION

(High School, College, etc.) School	City/State	From-To	Degree
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

COMMUNITY INVOLVEMENT

Please list present or past volunteer community involvement you have held:

Organization	Date	Position Held
_____	_____	_____
_____	_____	_____
_____	_____	_____

GENERAL

1

What do you hope to gain from and how do you expect to utilize your *Leadership Seminole* experience?

2

What have you found to be your most challenging community involvement and why?

3

What do you feel are the most pressing problems facing Seminole County today? Explain why and give any recommendations that you may have for approaching and resolving these problems. Please provide attachment if necessary.

RELEASE AND WAIVER OF LIABILITY AGREEMENT

I, on behalf of myself, personal representatives, heirs, executors, administrators, and assigns, in consideration of being allowed to participate in the Leadership Seminole Class Sessions, and related events and activities, regardless of where they are located, and other good and valuable consideration, the receipt which is hereby acknowledged, voluntarily and knowingly execute this Release and Waiver of Liability and Assignment Agreement (the "Agreement"), with the express intention of giving a release and waiver in favor of Leadership Seminole, Inc. ("Leadership Seminole"), its officers, directors, members, attendees, agents, attorneys, contractors, servants, employees and assigns (collectively referred to as "Leadership Persons"), regardless of whether any injury, loss or damage results from the negligence or fault of any of the Leadership Persons.

I affirm and agree that all of the activities in Leadership Seminole are strictly voluntary and that it is my own choice to participate in each activity to whatever degree I deem appropriate. I further agree that I knowingly and freely assume all such risks, both known and unknown, and full and total responsibility, including all injury, loss or damages, arising out of my participation in Leadership Seminole.

I, with the intention of binding myself, my heirs, executors, legal representatives, and assigns, expressly release and discharge Leadership Seminole and Leadership Persons from all claims or demands for injury, loss or damage, whatsoever, which I or anyone claiming on my behalf, may have arising from my association with and/or participation in Leadership Seminole and its members or attendees, regardless of whether the injury, loss or damage results from the negligence or fault of any of the Leadership Persons.

I also hereby assign and grant to Leadership Seminole, as well as their authorized representatives, the right and permission to use and publish the photographs/film/videotapes/electronic representations and/or sound recordings made of me at all activities, and I hereby release the Leadership Persons from any and all liability from such use and publication. I further authorize the reproduction, sale, copyright, exhibit, broadcast, electronic storage, and/or distribution of said photographs/film/videotapes/electronic representations and/or sound recordings without limitation at the discretion of the Leadership Persons and I specifically waive any right to any compensation I may have for any of the foregoing.

(continued from page 2) I expressly agree that this Agreement is intended to be as broad and inclusive as permitted by the laws of the State of Florida and that if any portion of this Agreement is held invalid, it is agreed that the remaining portions shall, notwithstanding, continue in full legal force and effect, and that venue for any action to enforce portions shall, notwithstanding, continue in full legal force and effect, and that venue for any action to enforce the terms of this Agreement shall be in Seminole County, Florida.

I expressly represent and affirm that I have carefully read this Agreement, know its contents, understand it (including that I am giving up certain legal rights), and voluntarily sign it. I further agree that no oral representations or inducements apart from this Agreement have been made.

Name (Please Print) Date: _____

Signature

APPLICATION AGREEMENT

Attendance: The time commitment is essential to our program. There are nine full day sessions (breakfast at 7:30, class runs from 8AM-5PM), held one day a month, in addition to a two-day Orientation session. Only two absences will be allowed. Orientation is considered two sessions. Partial attendance at a session is considered an absence. Participants who fail to fulfill their attendance obligations will not graduate.

Tuition: Tuition for *Leadership Seminole* is \$3,250. Class Tuition includes one year \$95 Basic Alumni Association membership upon graduation. Make check payable to *Leadership Seminole*. All tuition payments are non-refundable.

Candidate: I understand the goals and commitments of the *Leadership Seminole* program. If selected, I am willing to attend all the sessions/functions sponsored by *Leadership Seminole* and devote the time necessary to be a contributing member of the *Leadership Seminole* class.

Photo: Please forward a high resolution digital color photo of yourself in JPEG or PNG format to Dawn Kraus at DKraus@LeadershipSeminole.org for the *Leadership Seminole* Class directory.

Select Payment Method: **Check Included** (payable to Leadership Seminole) **Please Invoice**

Signature Date

Employer: I agree to allow my employee, if accepted, to devote the time necessary to be an active member of the *Leadership Seminole* class and support this commitment financially.

Signature **Title** **Organization** **Email** **Date**

Required: Signed release of waiver and liability agreement and signed application agreement
Tuition is subject to change.