



## Discover – Expand – Grow – Serve

### **PARTICIPANT AGREEMENT**

*Please read the statement below completely and sign where indicated*

To graduate from the Moore County Leadership Program, I am expected to attend all sessions, on time, for the full length of each session. In addition, I am expected to complete a minimum of one (1) project and up to two (2) group projects. I understand the projects will require additional time out of the office and after business hours. Of course, emergency situations do arise. If an emergency situation occurs I understand I am responsible for notifying the co-chairs immediately and coordinating a make-up within 30 days of the missed session. I understand that if I miss more than two sessions or do not complete my make-up in the time allocated I will be removed from the program and no portion of my tuition will be refunded. I fully understand the time commitment towards each session and the outside work that will be required to complete the project(s) by November. I understand that photos will be taken throughout the year and will be published through the Chamber's website, social media outlets and for promotional materials as needed. I understand the importance and commitment to arriving on time for each session and will not accept any personal or work phone calls during this time.

I agree to hold the Moore County Chamber of Commerce harmless from any and all claims, loss or damage to my personal property, liabilities and costs, including attorney's fees, as a result of my participation in this program, including travel to and from program activities or any events incidental to this program. If the Moore County Chamber of Commerce incurs any of these types of expenses, I agree to reimburse the Chamber. I am aware that the program requires physical activity. If I need medical treatment as a result of my participation in this program, travel to and from the program activity, or any events incidental to this program I agree to be financially responsible for the costs incurred as a result of such treatment.

Commitment (Please initial each statement)

- 1) I wish to participate in the MCLI program. \_\_\_\_
- 2) I have my company's/organization support for my participation. \_\_\_\_
- 3) I can attend the retreat, all monthly sessions and the graduation ceremony. \_\_\_\_
- 4) I am aware of the attendance policy and agree to adhere to that policy. I understand that any absences may lead to being dropped from the program without reimbursement. \_\_\_\_
- 5) I commit to giving my full attention to the MCLI program throughout all sessions. I will set aside the dates of classes that have been scheduled and I will attend the additional meetings as prescribed and I will not plan any telephone conferences or other work during the session or during any MCLI program breaks. \_\_\_\_
- 6) I understand that being on time for each session is essential both to the learning process and as a courtesy to presenters and fellow participants. I understand that if I am not on time I may miss a class and be disqualified and/or dismissed from the program. \_\_\_\_

- 7) I will participate as a team member in any class project that may be assigned and do my part to make it successful and worthwhile for the community. \_\_\_\_
- 8) I will attend a government meeting during the time of my participation in the MCLI program. I understand that I will need to have an agenda from the meeting as proof of my attendance. \_\_\_\_
- 9) I will pay my tuition in full to the Chamber. \_\_\_\_
- 10) I understand that I am releasing the Moore County Chamber of Commerce from all liability. \_\_\_\_
- 11) I understand I am waiving my right to sue the Moore County Chamber of Commerce. \_\_\_\_
- 12) I understand that I assume all risks of participating in this program, including travel to and from the activities or any events incidental to this program. \_\_\_\_
- 13) I understand that I am giving permission to the Moore County Chamber of Commerce to use images in Chamber publications or social media outlets. \_\_\_\_
- 14) I understand the Moore County Chamber of Commerce will do its best to accommodate any allergies but that it is not guaranteed that all needs can be met. \_\_\_\_

I understand all the information as detailed above and agree with these expectations by signing this application.

Applicant Signature: \_\_\_\_\_

Date: \_\_\_\_\_