



### Adult Waiver Form (for delegates over 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 form participants over 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 acceptance into the EDLP, I \_\_\_\_\_, for myself, my personal representatives, assigns, heirs, and next of kin:

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 occur while traveling to and from, or during attendance at the one-week training with the Experience in Democracy Leadership Program in Washington, DC.

I will permit emergency treatment in the event of injury or illness while participating, including transportation to a medical facility.

I give permission to use my image, name and photo taken during the event in any promotional material, publication, or on the Web site.

I do agree and accept full responsibility to obey the safety rules set forth for the event and understand that the EDLP and BCLI withhold the right to dismiss anyone that may cause disturbance during the training week.

### 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.

\_\_\_\_\_  
Delegate's name

\_\_\_\_\_  
Delegate's signature

\_\_\_\_\_  
Date