



LEADERSHIP NACOGDOCHES

Attendance Policy

Attendance at each monthly session and promptness for each session is extremely important to the success of the Leadership Nacogdoches program. Volunteer chairmen, volunteer speakers, and local business people spend countless hours preparing for each monthly session. To help ensure excellent attendance, participants of the Leadership Nacogdoches program are subject to an attendance policy.

Attendance for each participant will be recorded at each Leadership Nacogdoches session. Absences from an entire month's session or from any portion of any session, late arrivals to sessions, and early departures from sessions will be recorded for each participant. Any participant not arriving at the scheduled time for a session or not returning at the scheduled time from a break will be recorded as late. Any participant leaving prior to the scheduled ending time for a session will be recorded as leaving early. The amount of time that a participant is recorded as late or as leaving early will be considered as an absence.

Maximum total of absences allowed for the program is a total of eight (8) hours over the nine-month program. Absence(s) totaling eight (8) hours or less over the nine-month program are strongly discouraged, but acceptable. Absence(s) totaling more than eight (8) hours could result in the participant's ineligibility to graduate from the program.

Concerning the two sessions that require overnight stays - Orientation Retreat and State Government: participants are expected to travel on the provided transportation and attend all scheduled activities.

Interpersonal Code of Conduct

- Speak clearly, listen carefully and respect the opinions of fellow Leadership Nacogdoches participants, presenters, Chamber volunteer leaders and staff members.
- Promote collaboration and partnership among all members of the class.
- Be "solution-focused," offering criticism only in a constructive manner.
- Do not impede or delay the progress of the meeting or event by excessive questioning or requests for attention.
- Do not make excessive demands on the time and attention of presenters, Chamber volunteer leadership and Chamber staff. It is certainly permissible to inquire about your status with the program, an upcoming event or other class business. Examples of excessive contact would include multiple unannounced drop-in visits, or several phone calls, or multiple electronic messages. If Chamber leadership determines such a situation exists, the class member or applicant will receive a written notice. If a second notice is given, the class member is subject to removal from the program.
- Instructions for appearance and appropriate dress attire will be given before each session. Class members are expected to follow the dress guidelines.

Commitment

I agree that full attendance at each Leadership Nacogdoches monthly session is important to the success of the program. I commit to follow the Attendance and Interpersonal Code of Conduct.

Signature of LN Class Member

Date

printed name

LEADERSHIP NACOGDOCHES
A PROGRAM OF THE NACOGDOCHES COUNTY CHAMBER OF COMMERCE

**Release of Liability and
Indemnity Agreement**

In consideration of my participation in Leadership Nacogdoches, and the activities and events associated therewith:

1. I, _____, for myself, my personal representatives, heirs, executors, administrators, and assigns, hereby **RELEASE, WAIVE, DISCHARGE, AND COVENANT NOT TO SUE** Nacogdoches County Chamber of Commerce, its officers, employees, agents and members (hereinafter referred to as "Released Parties"), from all liability and all loss or damage, and any claim or damage therefor, on account of any injury to person or property, whether caused by the negligence of the Released Parties or otherwise while I am participating in Leadership Nacogdoches.
2. I, _____, hereby agree to **INDEMNIFY AND DEFEND the Released Parties from any all claims, demands, or causes of action whatsoever, which any individual or entity may bring by, through, or under me, arising out of or related to my participation in Leadership Nacogdoches.**
3. I hereby acknowledge, warrant and represent that, before signing this Agreement, I: (i) have had the opportunity to read this Agreement in its entirety and fully informed myself of its terms, contents, and conditions; (ii) have had the opportunity to receive the advice of legal counsel concerning same; and (iii) fully understand the terms and provisions thereof. In entering into this Agreement, I further acknowledge that I am not relying on any oral or written representation or statements which may have been made by employees, representatives and/or agents of the Released Parties.
4. I agree that this Agreement shall be binding to the fullest extent permitted by law and shall be governed by, construed, and enforced in accordance with, and subject to, the laws of the State of Texas. If any provision of this Agreement is held to be invalid or unenforceable, such holding shall not impair or invalidate the remainder of this Agreement and the effect thereof shall be confined to the provision held to be invalid or illegal.
5. This Agreement constitutes the entire agreement respecting the matters contained herein and supersedes all previous agreements, whether written or oral, relating to same. The terms of this Release of Liability and Indemnity Agreement are contractual and not a mere recital.

I, _____, hereby execute this Release of Liability and Indemnity Agreement on this the ____ day of _____, 2016.

Signed: _____

Lakeview Methodist Conference Center
David Barber Challenge Course
Release and Health Form

Disclosure

The David Barber Challenge Course offers individuals the opportunity to participate in orientation, games, group initiatives, and low & high ropes course elements – which are all physical activities. Understanding that any physical activity involves the risk of increased heart rate, injury and/or death, I understand that my participation in the David Barber Challenge Course Program with Lakeview Methodist Conference Center is entirely voluntary and I am aware I have the right to exercise my AYE decision. Lakeview Methodist Conference Center reserves the right to deny anyone participation in the David Barber Challenge Course Program.

Media Release

As evidenced by my signature on the reverse side, I authorize Lakeview Methodist Conference Center to photograph or permit other persons to photograph, record, conduct media interviews and/or publish information, sounds and images obtained of me, or my minor child herein, while participating at Lakeview Methodist Conference Center. I hereby permit such images and recorded sounds to be disseminated, published or broadcast through any medium Lakeview Methodist Conference Center chooses, including, but not limited to, print, video tape, DVD, television, radio, motion pictures and/or the Internet. I agree that Lakeview Methodist Conference Center may use, reproduce and sell such information, sounds, and images for such purposes and in such manner as they may deem appropriate. I agree that Lakeview Methodist Conference Center may permit others to use such information, sounds and images for such purposes and in such manner as they may deem appropriate. I understand and agree that such dissemination, publication, or broadcast may reveal my or my child's identity. I agree that the material may be used for any purpose by Lakeview Methodist Conference Center and its successors and assigns, harmless from and against any claim for injury or compensation resulting from the activities authorized above. This authorization has been voluntarily agreed to by me, and/or as parent and next friend of my minor child herein, and is binding on my heirs, beneficiaries and personal representatives.

Release of Liability

As evidenced by my signature on the reverse side, I have read and I understand the above disclosure statement. I and my family release Lakeview Methodist Conference Center, its employees, staff and other agents from any claims or liability arising out of my participation in the David Barber Challenge Course. I understand that Lakeview's David Barber Challenge Course may be physically and/or emotionally demanding. I affirm that I have no physical or emotional limitations that might put me or others at risk during my participation in any of the activities except the following (all such physical or emotional limitations must be listed):

Please note: The following information will be read by your Challenge Course facilitators ONLY and kept in strict confidence.

Name (please print) _____ Phone _____ Birth date _____

Address _____ City, State, Zip _____

Emergency Contact _____ Phone _____

Do you have health insurance? (please circle) YES/NO If so, list carrier & policy #

Do you have any limiting physical or health disabilities? (please circle) YES/NO
If yes, please explain:

Do any of the following symptoms or conditions apply to you? (check box if yes)

- | | |
|---|--|
| <input type="checkbox"/> History of diabetes, hypoglycemia, thyroid problems | <input type="checkbox"/> Chronic pain in the neck, back, shoulders, arms, legs, or knees |
| <input type="checkbox"/> Heart disease or heart attack | <input type="checkbox"/> Chest pains on exertion, heart murmur, palpitations, angina |
| <input type="checkbox"/> Recent injuries and/or surgeries | <input type="checkbox"/> Any severe injury to head, chest, internal organs |
| <input type="checkbox"/> Low or high blood pressure, stroke | <input type="checkbox"/> Joint pains, swelling or stiffness without injury |
| <input type="checkbox"/> Shortness of breath, asthma on exertion | <input type="checkbox"/> Broken bones, joint dislocations, serious sprains, hernia |
| <input type="checkbox"/> Severe illness requiring hospitalization | <input type="checkbox"/> Episodes of depression, anxiety, hysteria |
| <input type="checkbox"/> Epilepsy or history of seizures, dizzy spells, fainting, convulsions | <input type="checkbox"/> Currently pregnant |
| <input type="checkbox"/> Current medications: _____ | <input type="checkbox"/> Hemophilia, sickle – all other blood disorders |
| <input type="checkbox"/> History of heart disease, high blood pressure, or stroke in family | <input type="checkbox"/> HIV/AIDS |
| <input type="checkbox"/> Allergies and/or drug reactions: _____ | <input type="checkbox"/> CF |
| <input type="checkbox"/> Other: _____ | <input type="checkbox"/> Cancer |

If you checked any of the above, please explain each:

List any other condition(s) we should be aware of:

Please express your opinion of your personal health:

****Signature of participant and/or parent/guardian indicates an understanding and acceptance of the release to treat, in the event of an emergency, disclosure statement, media release and release of liability.****

Participant's Signature _____ Date _____

Parent / Guardian's Signature (if participant is under 18 years of age) _____