

## DISCOVER: IMPORTANT INFORMATION & SIGNATURE FORM

### Program Overview:

**This program may be 40 years old, but its relevance has never been more apparent!**  
**DISCOVER is designed to inform, inspire, connect and empower the leaders that Southern Indiana needs. Think of it as "adult field trips" toward growing and developing your inner leader in engaging and unexpected ways. Be prepared to be comfortably uncomfortable in how you see the communities, your peers and yourself.**

**Time Commitment:** DISCOVER is a 10 session program broken up across the year starting in August with completion in May. A general day is 8:00 a.m. to 5:00 p.m. Some days may start earlier and/or may be virtual or hybrid as needed. Participants are mandated to attend the overnight Opening Retreat. There are five (5) KEY time components to be aware of when applying:

1. Opening Retreat
2. Class Days
3. Two Breakfast Series
  - a. Generally 7:30 - 9 Am
  - b. Dates TBD
4. Participation in planning a Class Day for the year following your graduation
  - a. Dates TBD by DISCOVER Committee

### Class Calendar:

Opening Retreat - August 4th and 5th  
History & Tourism - September 7th  
Scott County Day - October 5th  
Economy & Workforce - October 26th  
Education Day - November 2nd  
Government Day - December 7th

Inclusive Communities - January 11th  
SIMSOC - February 8th  
Health & Human Services - March 8th  
Regionalism Day - April 5th  
Closing Retreat - May 10th



### Eligibility:

Anyone who Lives, Works, or Plays in Clark, Floyd and Scott Counties is eligible for DISCOVER. Participants must be 21+ years of age. Lastly, your business must be a member in good standing with Leadership Southern Indiana without any outstanding balances.

Special thank you to our Program Sponsor  
for their continued commitment to DISCOVER



Please review and keep pages 1 & 2 for your records.



# Application Deadline May 4, 2022

## Selection Process:

All applications will be reviewed by the DISCOVER Selection Committee. We have turned away more than 50 participants annually in recent years. All applicants will be notified by letter by June 1st, 2022.

## If ACCEPTED into the program:

**Program Fee:** There is a financial commitment of \$3,200 to participate in this program. Refunds will not be granted after September 30, 2022. Any exceptions to this policy must have the Board of Director's approval. Breakfast and lunch are provided on program days. Please notify LeadershipSI if you need support through the giving of a scholarship to pay for the fee. *No one will be turned away because of the inability to pay the tuition.*

## TERMS: In addition to the commitment of time, eligibility and tuition:

- I will be present during the program. I will be respectful to the speakers, facilitators and my fellow class members by listening, responding and being participatory. I will keep my electronic devices put away and only use during breaks.
- I understand communication will be done via TeamApp, email and/ or text messaging. It is my responsibility to review the agenda and information regarding a class day so I am prepared. I also agree to let the Program Director know of my absence or any issues that will impact my participation.
- I will set up a TeamApp account via phone or web (instructions to be provided). I will communicate changes to my contact information.
- I understand that giving of my time, talent and/or treasure falls in line with the mission of LeadershipSI in serving and transforming the community.
- I will complete the online application and acquire appropriate signatures and approval from overseers/business representatives.
- I understand that as a member of DISCOVER I represent LeadershipSI by my actions in person and on social media.



*Upon finishing the online application, complete attached signature, liability & photo consent forms and submit by the deadline of May 4, 2022.*

*Application Signature Form on following page*



# Application Deadline May 4, 2022

## Liability Waiver

In consideration of the benefit of being allowed to participate in the DISCOVER program, I consent and agree to hold harmless, LeadershipSI, and any and all employees or volunteers thereof, for any accident, injury or occurrence arising out of, or in connection with the DISCOVER program, classes, and any arranged transportation allowing for participation in this program, including any act or omission, neglect or misconduct on the part of LeadershipSI, except to the extent of insurance liability as provided by law. I give permission that in the case of emergency, I am to be taken to a physician or hospital by LeadershipSI personnel. I understand that every effort will be made to contact my designated emergency personnel. If they cannot be reached, I hereby give permission to the attending physician to secure proper treatment.

I hereby warrant that to the best of my knowledge that I am in good health.

**Participant Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Emergency Contact #1 Name:** \_\_\_\_\_ **Number:** \_\_\_\_\_

**Emergency Contact #2 Name:** \_\_\_\_\_ **Number:** \_\_\_\_\_

## Photography and Media Consent

I, \_\_\_\_\_, grant absolute right and permission to Leadership Southern Indiana, Incorporated, an Indiana non-profit corporation ("LeadershipSI") to utilize my image, name, likeness, actions and statements in promotion of the NEXGEN program and other LeadershipSI literature. LeadershipSI has the right and permission to use, re-use, publish, and re-publish, and otherwise reproduce, digitize, edit, modify, distribute, publicly display, and publicly perform the same, in whole or in part, individually or in conjunction with other photographs or videos, and in conjunction with any copyrighted matter, in any and all media now or hereafter known, for illustration, promotion, art, advertising and trade, or any other purpose whatsoever.

I waive any right to inspect final photographs and any claim for compensation of any kind for LeadershipSI's use of the photographs. I hereby fully and forever discharge and release LeadershipSI from any claim for damages of any kind arising out of the publication of photographs by LeadershipSI including any and all claims for defamation, invasion of privacy, and misappropriation of my right of publicity.

I acknowledge that I have no claim to the copyrights in any of the materials and that LeadershipSI may sell, assign, license or otherwise transfer all rights granted to it hereunder.

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_



# Application Deadline May 4, 2022

## DISCOVER APPLICATION Signature Form

Return signatures by May 4, 2021

*I understand that noncompliance with the aforementioned on Pages 1 & 2 could mean termination from the program.*

Participant Name (printed): \_\_\_\_\_ Date: \_\_\_\_\_

Business: \_\_\_\_\_

**Application Signature:** *By signing this form, I verify that I have completed the online application with ALL relevant information and understand that missing information may result in me not being accepted into DISCOVER.*

Participant Name (printed) : \_\_\_\_\_

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

**Agreement and Signature:** *By submitting this application, I affirm that the facts set forth in it are true and complete. I understand that any false statements, omissions, or other misrepresentations made by me on this application may result in my immediate dismissal.*

Participant Name (printed) \_\_\_\_\_

Signature \_\_\_\_\_

*For none-entrepreneurs*

**Admin Approval:** *My signature below indicates my commitment and understanding of the Leadership Southern Indiana DISCOVER Program. I have also discussed the attendance policies with my employer who, by his/her signature below, agrees to my participation in the class. My employer and I also understand that my acceptance as a member of the class continues until completion, so long as I follow all rules and expectations as outlined. Termination of employment is between employee/employer, but does not affect participation and/or fees paid in this program. This arrangement is between the employer and employee. Employers will be informed of excessive class days missed.*

Participant Name: \_\_\_\_\_

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

Manager Name: \_\_\_\_\_

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

Employer Email Address: \_\_\_\_\_

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