



Application Deadline June 3, 2022

ELEVATE: IMPORTANT INFORMATION & SIGNATURE FORM

Program Overview:

ELEVATE was introduced to Leadership SI's suite of programs in 2013. This highly interactive and engaging development series is tailored for leaders seeking to enhance their facilitative leadership capabilities. **ELEVATE** is the regional program to help you get to the next level in your professional and personal development! Learn executive level leadership skills as you network to help you become a stronger leader. Recognized community leaders pass on their wisdom as they mentor you in their areas of expertise.

Time Commitment: ELEVATE is a 6 session program broken up across the year starting in July with completion in May. All program days are 8:30 a.m. to 12:00 p.m. Some days may be virtual or hybrid as needed. Participants are mandated to attend the all-day Opening Retreat. There are four (4) KEY time components to be aware of when applying:

1. Opening Retreat
2. Class Days
3. Lunch & Learn Program
 - a. Generally 12:00 - 2:00 PM
 - b. Date TBD
4. Graduation

Class Calendar:

Opening Retreat- July 28th
 Day 1 – August 23rd
 Day 2 – September 13th
 Day 3 – October 11th
 Lunch & Learn Day- Dec 6th
 Day 4- Jan 17th
 Day 5- March 14th
 Day 6 April 25th

Graduation May 18th 5-8PM



Eligibility:

Anyone who Lives, Works, or Plays in Clark, Floyd and Scott Counties is eligible for ELEVATE. 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



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

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If ACCEPTED into the program:

Program Fee: There is a financial commitment of \$2,600 to participate in this program. Refunds will not be granted after July 29, 2022. Any exceptions to this policy must have the Board of Director's approval. Breakfast is 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 ELEVATE 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 June 3, 2022.

Application Signature Form on following page



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Liability Waiver

In consideration of the benefit of being allowed to participate in the ELEVATE 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 ELEVATE 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 ELEVATE 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:** _____



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ELEVATE APPLICATION Signature Form

Return signatures by June 3, 2022

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 ELEVATE 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: _____