I. Academic Conduct

- I understand that to receive course credit for LS115: Elements of Leadership I must complete all components of the course including completion of the community service portfolio.

- I take full responsibility to conduct the research/learning agreed upon and to produce the final product (e.g., community service portfolio) required for my work to be evaluated and credit granted.

II. Personal Conduct

- I will strive to understand and respect the cultural differences that I encounter.

- I acknowledge that I am bound by the laws of the State of Iowa, home state of Wartburg College, especially as it pertains to legal age. In addition, I will observe all academic and disciplinary regulations in effect at Wartburg College.

III. Dress Code

- Students are expected to dress in a manner that is supportive of a positive learning environment and free of distractions and disruptions. Students are expected, at all times, to dress in a manner which is representative of their community and themselves as leaders.

- Outer clothing which resembles loungewear, pajamas, inappropriate language and revealing (i.e. spaghetti straps) is not permissible.

IV. Participants in off-campus programs are expected to behave in a responsible manner during the program. To that end, I agree to the following:

- Being on time, present, and being able to participate at all scheduled events, classes, or performances.

- Behaving responsibly in all living situations and on group excursions. This includes using good judgment about co-curricular activities that may occur off campus.

- Not using alcohol or other drugs.

- Not engaging in inappropriate behavior that causes embarrassment or danger to myself or others.

- Not engaging in destructive behavior toward property.

V. Consequences

- The program leader and/or Wartburg College reserves the right to terminate participation in the program in case of behavior deemed disreputable or injurious to you or to the group. In addition, behavior deemed to be so disruptive that it threatens your ability or the group’s ability to successfully achieve the goals of the program will result in termination from the program. Illegal alcohol or drug use and other deviant behavior will result in automatic termination of participation.

- If terminated from the program, I understand I will be required to return home immediately and bear the full financial and academic responsibility for doing so.

VI. Financial Obligations

- I am aware of the costs associated with this program, and I agree to pay the required fees according to the program’s fee schedule.

- I acknowledge and accept the academic and financial consequences of withdrawing voluntarily from the program and/or returning home prior to the conclusion of the program.
VII. Health & Accident Insurance

- While serious medical emergencies are rare, you must consider the possibility and make appropriate provisions for it.
- I acknowledge and I authorize Wartburg College, its authorized representative(s) or the program coordinator, to secure any medical treatment determined to be necessary under the circumstances.
- I acknowledge that such treatment shall be solely at my expense.

By providing my initials, I confirm that a physician has approved of my participation in this program, or that I agree to accept the risk of my participation without such approval. ___________________ (Initials of participant)

Name and address of medical insurance plan central office, which covers you during your program:
_____________________________________________________
_____________________________________________________

Policy Holder: ___________________________________ Policy Number: __________________________

Emergency Contact & Phone Number: _____________________________________________________________

VIII. Photo Release

I give permission for Wartburg College to use the name of my child and/or his/her photograph for promotional, news, or public relations purposes in print and/or electronic media. I understand that it is my responsibility to notify the college in writing if I do not wish to have my child photographed or videotaped.

Parent/Guardian Signature ____________________________ Date ___________________

IX. Agreement & Release

WHEREAS, _____________________________, (Indicate Full Name) hereinafter referred to as Student, is about to participate in the Leadership & Service Summit.

WHEREAS, it is acknowledged that said program involves some risk to person and property, including but not limited to the risk of injury or death due to accident and disease; and

WHEREAS, it is acknowledged that said program may be the occasion of medical emergency necessitating the administration of medical treatment including hospitalization or surgery;

NOW, THEREFORE, I have read and understand the program description. This document is executed with full knowledge of its signature.

_________________________________________________________ Date ___________________
Signature of Applicant

_________________________________________________________ Date ___________________
Signature of Parent/Guardian

Please return this form, your Medical Information form, and $150.00 nonrefundable deposit to:
Wartburg College, Leadership & Service Summit, c/o Ashley Lang, 100 Wartburg Blvd, Waverly, IA  50677
Or pay online at www.wartburg.edu/lss and scan the documents to lss@wartburg.edu.