

# Attendance and Waiver Policy

Leadership Hardin County (LHC) expects all students to commit to attending all sessions. Students are required to attend classes regularly (monthly on Thursdays). Unless otherwise stated at the beginning of the course, a student missing more than **TWO (2) of the class sessions for any reason will be withdrawn from the program without a refund on the tuition.**

If your employer will be paying for the tuition, or you will be absent from work while attending the sessions, your employer or authorized representative needs to acknowledge his/her commitment to the LHC Program by signing below.

Commitment: I understand the purpose of the Leadership Hardin County Program and, if selected, I will devote the time and resources necessary to complete the program. The Retreat is all day and evening (Thursday/Friday) and is mandatory. No exceptions will be made.

I understand that by missing two of the sessions, I WILL be asked to withdraw from the program and no portion of the tuition shall be refunded. I understand the above commitments and agree to be bound by them in signing this application.

Applicant's Signature \_\_\_\_\_ Date \_\_\_\_\_

Employer's Signature \_\_\_\_\_ Date \_\_\_\_\_

As consideration for being permitted by the Hardin County Chamber of Commerce Leadership Hardin County Program (LHC) to participate in the Leadership Program, I forever release the LHC, the Hardin County Chamber of Commerce, any LHC affiliated organization, and their respective directors, officers, employees, volunteers, agents, contractors, and representatives (collectively "Releases") from any and all actions, claims, or demands that I, my assignees, heirs, distributes, guardians, next of kin, spouse and legal representatives now have, or may have in the future, for injury, death, or property damage, related to my participation in these activities, the negligence or other acts, whether directly connected to these activities or not, and however caused, by any Release, or the condition of the premises where these activities occur, whether or not I am then participating in the activities. I also agree that I, my assignees, heirs, distributors, guardians, next of kin, spouse and legal representatives will not make a claim against, sue, or attach the property of any Release in connection with any of the matters covered by the foregoing release.

Applicant's Signature \_\_\_\_\_ Date \_\_\_\_\_

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

Address: \_\_\_\_\_

Phone : \_\_\_\_\_ Email : \_\_\_\_\_ Shirt Size: \_\_\_\_\_

## Employment

Name of Employer: \_\_\_\_\_ Years Employed: \_\_\_\_\_

Address: \_\_\_\_\_

Current Job Title and Responsibilities:

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How did you learn about this program?

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Please list all community organizations you are involved with ( Civic, Professional, Church, Business, etc)

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