

Student and Parent/Legal Guardian Consent to Registration to Rotary Life Leadership Conference 2025.

I verify by my signature:

- That I understand and accept the policies and will follow existing Ferris State University Coronavirus protocols and those of the Life Leadership Conference.
- That I am in good physical condition, and I am capable of physical activity for an extended period of time. I freely offer the medical information that I shared, and verify to the best of my knowledge that it is accurate.
- That I have read the "Photo and Video Information" and give permission to representatives of the Life Leadership Conference and Rotary District 6290 to take and publish, in print, electronic, or video format, the likeness or image of my child and/or myself.
- That I am aware that **NO REGISTRATIONS WILL BE ACCEPTED AFTER MAY 14, 2025 and this form must be mailed or emailed to John Noling.**
- That I am aware and understand that the District 6290 Life Leadership Conference is an intensive leadership experience; and thus, partial attendance is not allowed. The applicant must be certain that full attendance will occur.
- As the student applicant, by my signature below, I hereby commit to attend the entire 2024 District 6290 Life Leadership Conference at Ferris State University from **Wednesday, June 11 through Saturday, June 14, 2025.**
- **I understand the need to contact my Rotary Club Representative in the case of an emergent need that may result in cancellation of my commitment to attend, and will do so immediately. If I fail to attend (to notify) without good cause or fail to attend, I will reimburse the sponsoring Rotary Club the full tuition scholarship cost (\$375) paid on my behalf.**
- I realize that participation in the Life Leadership Conference is voluntary; and thus, will not hold, Ferris State University, the sponsoring Rotary Club, Life Leadership Conference, Rotary District 6290, Rotary International, or any Life Leadership staff or contractors liable for possible injury, loss, or illness that may occur during the program.
- I am also aware of and agree to comply with the policy of attendance, as stated above.
- By signing below, I understand and agree that I will not have possession of alcohol, weapons, or any unapproved drugs or controlled items.
- I understand and agree that sexual contact or behavior is prohibited, including mixed genders alone in a private location. I understand and agree that there is only one student per bed, sleeping bag, etc.
- I understand that violation of these and any other guidelines could result in my being sent home and my parent/guardian needing to pick me up from the event site.
- I understand that if my son/daughter does not obey the rules he/she may be sent home immediately.

Printed Name of Student:

Student Signature:

Date:

Printed Name of Parent/Legal Guardian:

Parent/Legal Guardian Signature:

Date:

This form must be completed and mailed in to us (email or US mail) by May 14, 2025.

Email to johnnoling65@gmail.com

If you would prefer, you can mail it to: John Noling 2332 View Lane Muskegon, MI 49445