



## 2009 Leadership Academy Application Packet

“So the point is not to become a leader. The point is to become yourself, to use yourself completely – all your skills, gifts, and energies – in order to make your vision manifest. You must withhold nothing. You must, in sum, become the person you started out to be, and to enjoy the process of becoming.”

- Warren Bennis

The Leadership Academy is an intensive 3-day leadership training program that focuses on the development of personal leadership skills. Through interactive workshops, discussions and opportunities to make connections with other students, faculty, staff and local community leaders, the program integrates leadership education, training, development, and engagement in an open, dynamic, and challenging learning environment.

Attendance at the Leadership Academy is strictly limited to 50 people. If you're interested in attending, please fill out this brief application and return the application to the Office for Student Involvement by **Friday, September 11<sup>th</sup> 2009 by 5pm.**

A selection committee will review and select students to attend. Meals and Lodging are provided for participants. Those students who are selected to attend will receive a program schedule and packing list to prepare for the program.

### ***To the Applicant:***

- Complete all sections in blue or black ink unless otherwise noted.
- Please make sure you write legibly. If your application cannot be read, you may not be properly considered for admittance to the Leadership Academy.
- All application materials must be received by the Office for Student Involvement by **Friday, September 11<sup>th</sup> 2009 by 5pm.**
- If you have any questions, contact Arthur Goldin, Coordinator for Leadership Development at 239-590-7728 or by email at [agoldin@fgcu.edu](mailto:agoldin@fgcu.edu).

Section I: Personal Data

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Full Name: \_\_\_\_\_

Student ID: \_\_\_\_\_ E-Mail: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Cell Phone Number: \_\_\_\_\_

Classification: FR SO JR SR Major: \_\_\_\_\_

Anticipated graduation date? \_\_\_\_\_ Semesters enrolled at FGCU: \_\_\_\_\_

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

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Dietary Needs: \_\_\_\_\_

T-Shirt Size: SM MED LG XL 2XL Other \_\_\_\_\_

Section II: Community Involvement

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List community service, campus organizations, and/or volunteer activities in which you have participated. Include the following (a) date(s) of involvement, and (b) leadership positions(s) held.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Section III: Leadership Experience

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**Note:** Please briefly respond to the questions below in no more than 200-250 words per question. Please type your responses on a separate piece of paper and include it with your application.

**Questions**

1. Why are you interested in participating in the Student Leadership Academy?
2. What is the most rewarding leadership experience you have had and why was it rewarding for you?
3. What leadership skills and insights do you hope to gain from this experience?
4. How do you plan to apply your experience at the Leadership Academy to the FGCU community?

*By signing this document, I acknowledge that all the information provided on this application is accurate to the best of my knowledge.*

\_\_\_\_\_  
*Signature of Applicant*

\_\_\_\_\_  
*Date*

**This application must be returned to the Office of Student Involvement by Friday, September 11<sup>th</sup> 2009 by 5pm.**

**Liability Release and Assumption of Risk for Field Trips and Other Off-Campus Activities**

**LIABILITY RELEASE, WAIVER, DISCHARGE, AND COVENANT NOT TO SUE**

Release executed by \_\_\_\_\_, whose address  
[Full legal name of Participant]  
is \_\_\_\_\_, to Florida Gulf Coast University  
Board of Trustees "FGCU", located at 10501 FGCU Blvd S, Fort Myers, FL 33965-6565

1.0 I desire to participate in the following activity/trip \_\_\_\_\_ to be  
held at \_\_\_\_\_, (Location)  
(Activity)

and I fully understand and accept the dangers, hazards, and risks inherent in the Activity, in the transportation to and from the Activity, as well as in any independent research or activities I undertake as a participant in the Activity, which dangers include but are not limited to \_\_\_\_\_ [if necessary, described in more detail in the attached], and which also could include serious injuries, death and/or property damage.

2.0 Knowing the dangers, hazards, and risks of the Activities, and in consideration of being permitted to participate therein, on behalf of myself, my family, heirs, and personal representative(s), I, the undersigned, agree to assume all the risks and responsibilities surrounding my participation in the Activity, the transportation to and from, and in any independent research or activities undertaken, and in advance release, waive, forever discharge, and covenant not to sue FGCU, its governing board, officers, agents, employees, and any students acting as employees (hereafter called the "Releasees"), from and against any and all liability for any harm, injury, damage, claims, demands, actions, causes of action, costs, and expenses of any nature that I may have or that may hereafter accrue to me, arising out of or related to any loss, damage, or injury, including but not limited to suffering and death, that may be sustained by me or by any property belonging to me, whether caused by the negligence or carelessness of the Releasees, or otherwise, while in, on, upon, or in transit to or from the premises where the Activity occurs or is being conducted.

3.0 I understand and agree that Releasees will not have medical personnel available during the Activity. I understand and agree that Releasees are granted permission to authorize emergency medical treatment, if necessary, and that such action by Releasees shall be subject to the terms of this Agreement. I understand and agree that Releasees assume no responsibility for any injury or damage which might arise out of or in connection with such authorized emergency medical treatment. I further agree that I am fully responsible for any payments of medical expenses incurred as a result of the emergency medical treatment.

4.0 It is my express intent that this release and hold harmless agreement shall bind the members of my family and spouse, if I am alive, and my estate, family, heirs, administrators, personal representatives, or assigns, if I am deceased, and shall be deemed as a Release, Waiver, Discharge and Covenant not to sue the above-named Releasees. I further agree to save and hold harmless, indemnify, and defend Releasees from any claim by me or my family,

arising out of my participation in \_\_\_\_\_  
(Activity)

5.0 In signing this Release, I acknowledge and represent that I have been informed of and understand the content of the foregoing waiver of liability and hold harmless agreement by reading it before I signed it, and I acknowledge that I signed this document as my own free act and deed; no oral representations, statements, or inducements, apart from the foregoing written statement, have been made. I understand that FGCU does not require me to participate in this activity, but I want to do so, despite the possible dangers and risks and despite this Release. I further state that there are no health-related reasons or problems which preclude or restrict my participation in this activity. Also I represent that I have adequate health insurance necessary to provide for and pay any medical costs. I will be fully responsible for any payments of or that may be attendant as a result of sickness or injury to me and that Releasees shall have no responsibility for the payment of same.

6.0 I further agree that this Release shall be construed in accordance with the laws of the State of Florida. If any term or provision of this Release shall be held illegal, unenforceable, or in conflict with any law governing this Release the validity of the remaining portions shall not be affected thereby.

7.0 I agree that my signature denotes my affirmation that I will abide by all state, local and federal laws as well as University Rules and Regulations, including the FGCU Student Code of Conduct.

IN WITNESS WHEREOF, I have executed this release this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

**THIS IS A RELEASE OF LEGAL RIGHTS. READ AND BE CERTAIN YOU UNDERSTAND IT BEFORE SIGNING.**

STUDENT/PARTICIPANT:

WITNESS:

\_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Printed Name)

\_\_\_\_\_  
(Printed Name)

**IF UNDER 18 YEARS OF AGE, PARENT/GUARDIAN SIGNATURE**

\_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Printed Name)

**YOU MUST COMPLETE FOLLOWING INFORMATION  
(Please print)**

Your Name: \_\_\_\_\_

Fall 2009

FLORIDA GULF COAST UNIVERSITY STUDENT LEADERSHIP  
ACADEMY APPLICATION PACKET

In case of emergency, contact \_\_\_\_\_ (name) who is  
\_\_\_\_\_ (relationship), at the following

number(s): \_\_\_\_\_.

Health Insurance Company Name: \_\_\_\_\_

Health Insurance Phone Number: \_\_\_\_\_

Policy Number: \_\_\_\_\_

Name of Insured: \_\_\_\_\_

Please list any special services you may require due to an existing medical condition or  
physical disability: \_\_\_\_\_.

Please list any known allergies: \_\_\_\_\_