



Commitment Statement

**ALL SIGNATURES MUST BE RECEIVED IN ORDER FOR
THE FORM TO BE COMPLETE**

Full attendance by each participant is essential. If selected, you commit to attend the program orientation, the opening retreat, all sessions and commencement.

I understand and accept attendance requirements for Youth Leadership Spokane.

Student Signature

Full Name

Date

School Reference

Your reference should be an adult, whom you know well, but **not** a parent or relative. List your reference below.

Name of Reference

Relationship to Student

Phone or Email

Parent/Guardian

I have read the information on the Youth Leadership Spokane (YLS) Program and am willing to have my child participate in YLS. I hereby release and hold harmless YLS, its members, agents, employees, or any individuals involved in the planning, organization or presentation of YLS programming, for any accident, injury, illness or any damage whatsoever related to the above-mentioned student's attendance at or participation in any activity or session of YLS.

Parent/Guardian Signature Required

Full Name

Date

All information is confidential

801 W. Riverside, Suite 220, Spokane WA 99201
(509) 321-3639 | www.leadershispokane.org