



IOWA ASSOCIATION  
FOR COLLEGE ADMISSION COUNSELING

# L.E.A.P. Conference 2016

## Leading and Excelling, Academically and Professionally

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Greetings!

Thank you for your interest in the Iowa Association for College Admission Counseling's L.E.A.P. Conference!

After completing your online application, you will need to complete the waiver form found below. **Waiver forms must be submitted prior to April 1, 2016.**

You may scan and e-mail these completed forms to [iowa.iasc@gmail.com](mailto:iowa.iasc@gmail.com).

Remember, all participating students must complete the waiver form in order to participate in the conference. The application AND these forms must be submitted by **April 1, 2016.**

If you have any questions, please contact us at [iowa.iasc@gmail.com](mailto:iowa.iasc@gmail.com).

Sincerely,

The L.E.A.P. Conference Team



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### Student Participation and Permission Form

Please complete and sign where indicated for ALL items, 1-5, below.

#### 1. Parent or Legal Guardian Consent

I agree to allow my student, \_\_\_\_\_, to participate in the L.E.A.P. Conference 2016.

#### 2. Loss of Personally-Owned Property

My student shall be solely responsible for any and all damages or loss by theft or otherwise of personal property whether such property belongs to the student or to others.

#### 3. Code of Conduct

Iowa ACAC and the L.E.A.P. Conference Committee have adopted a Student Code of Conduct in accordance with the Education Law and appropriate federal and state legislation. Conference participants are expected to comply with all federal, state, and municipal laws.

#### 4. Signature Statement

I have read this permission form including the statements relative to Student Travel, Loss of Personally-Owned Property and established Standards of Conduct, and I hereby grant permission for participation of my student, \_\_\_\_\_, in the L.E.A.P. Conference 2016.

Parent/Guardian Name (Please Print): \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_

Parent/Guardian Contact Phone Number: \_\_\_\_\_

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



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### Participation Agreement, Release, and Acknowledgement of Risk

Please complete and sign where indicated for ALL items, 1-6, below.

In consideration of the L.E.A.P. Conference, and individually, the Iowa Association for College Admission Counseling (Iowa ACAC), Mount Mercy University and its trustees, agents, officers, volunteers, participants, employees, and all other persons acting in any capacity on their behalf (hereinafter collectively referred to as L.E.A.P.), I hereby agree to release and discharge L.E.A.P. on behalf of myself, my children, my parents, my heirs, assigns, personal representatives and estate as follows:

1. I expressly agree and promise to accept and assume all of the risks existing in the activities of L.E.A.P. My participation in these activities is purely voluntary, and I elect to participate in spite of any risks.
2. I further agree to hold harmless L.E.A.P., their office, directors, agents, instructors, and associates from all manner of third party actions or claims and agree to reimburse any claims against L.E.A.P. and their officers, directors, agents, employees, instructors, and associates arising by reason of my participation in this program.
3. Should L.E.A.P. or anyone acting on their behalf be required to incur attorney's fees and costs to enforce this agreement, I agree to indemnify and hold them harmless for all such fees and costs.
4. I certify that I have adequate insurance to cover any injury or damage I may cause or suffer while participating, or else I agree to bear the cost of such injury myself. I further certify that I have no medical or physical conditions that could interfere with my safety in the activities of L.E.A.P. or its program, or else I am willing to assume and bear the costs of all risks that may be created, directly or indirectly, by such a condition.
5. By signing this document, I acknowledge that if anyone is hurt or if property is damaged during my participation in the activities, I may be found by a court of law to have waived my right to maintain a lawsuit against L.E.A.P. on the basis of any claim from which I have released them herein.
6. I hereby grant L.E.A.P. permission to use, reproduce, or distribute any photographs, digital images, films, videotapes, and/or sound recordings of me during my participation in L.E.A.P. for use in materials that may be created.

Name of Participant: \_\_\_\_\_

Signature of Participant: \_\_\_\_\_

Address: \_\_\_\_\_  
Street City State Zip

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_



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## Student Medical Emergency Authorization Form

The following information must be received before a student can attend the L.E.A.P. Conference. L.E.A.P. and the hosting college do not provide health and accident insurance for L.E.A.P. participants. It is recommended that parents check their current insurance policies. Any medication that is required must be in its original container and must be accompanied by a note from the doctor indicating the need for it and the dosage of the prescription for our files. The label is not adequate.

Student's Name: \_\_\_\_\_

Emergency Contact Name: \_\_\_\_\_

Relationship to Student: \_\_\_\_\_

Emergency Contact Home Phone Number: \_\_\_\_\_

Emergency Contact Cell Phone Number: \_\_\_\_\_

### INSURANCE POLICY INFORMATION

(For use strictly in the event of a medical/dental emergency)

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

Policy Holder's Name: \_\_\_\_\_

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

### AUTHORIZATION FOR EMERGENCY MEDICAL/DENTAL CARE – COMPLETE AND SIGN:

I give my student, \_\_\_\_\_, permission to participate in L.E.A.P. Conference 2016. I agree that any injuries incurred will be covered under my own insurance coverage.

I understand that in the event of an emergency, all efforts to contact me or my emergency contact numbers will be attempted by the L.E.A.P. Conference staff. In order to meet legal requirements, I hereby authorize representatives of L.E.A.P. to give consent for any and all necessary emergency medical/dental care for my son, name above, while said individual is participating in the conference.

Signature of Parent/Guardian: \_\_\_\_\_ Date: \_\_\_\_\_



# L.E.A.P. Conference 2016

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### Medical and Allergy Information Form

Student Name: \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_

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

Primary Care Physician: \_\_\_\_\_

Primary Care Physician Office Phone Number: \_\_\_\_\_

**1. Please check one of the following:**

- My student is NOT currently taking any medications
- My student is currently taking the following medication(s):  
*(Doctor's confirmation of prescription MUST be included for prescription medication the student will be taking during the L.E.A.P. Conference.)*

Name of Medication	Dosage (i.e. 2 times/day)	Refrigeration Required?
_____	_____	_____
_____	_____	_____

**2. Please check off any of the following about the medical history of your student that will help us be prepared for his individual needs.**

If your student does not have any known medical conditions, please initial here: \_\_\_\_\_

My student has a history of the following conditions and will bring the appropriate medication to L.E.A.P. Conference:

- Asthma
- Allergies (including food, insects, medication, animals, etc...) – please list or add an additional sheet if necessary:

\_\_\_\_\_ Other medical conditions (such as diabetes, heart conditions, epilepsy, migraines) – please list and describe here:

Signature of Parent/Guardian: \_\_\_\_\_ Date: \_\_\_\_\_



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### Student Code of Conduct

Each student who chooses to participate in the L.E.A.P. Conference 2016 must adhere to the L.E.A.P. Code of Conduct. In an effort to ensure that each participant and staff member can take full advantage of the conference experience, all conference participants (students and chaperones) will:

- Wear nametags to all workshops
- Attend all workshops planned
- Remain on campus at all times unless otherwise instructed by L.E.A.P. Staff
- Use positive and proper language and refrain from using foul and offensive language
- Conduct oneself in a respectful manner and refrain from engaging in disruptive behavior
- Respect the college campus and refrain from damaging campus property
- Respect each staff member, chaperone, and student
- Refrain from using alcohol, tobacco, and other drugs
- Wear appropriate conference attire
- Restrict use of cell phone to designated free time
- Refrain from wearing hats and sunglasses indoors and during sessions
- Be willing to learn new things, stay open-minded, and HAVE FUN

I hereby agree to adhere to the policies set forth by the L.E.A.P. Conference Staff. I acknowledge that if these rules are not followed, the parent/guardian will be contacted. In the unlikely event of damage to college property by a student, the parent/guardian will incur the expense.

Student Name (Please Print): \_\_\_\_\_

Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_