



Rotary Youth Leadership Program Code of Conduct

There are many people and organizations supporting your participation in the Rotary Youth Leadership Program (RYLP). Therefore we ask that you demonstrate leadership skills throughout the entire program including the time spent in transportation to and from activities.

The following policy applies to all RYLP Delegates participating in the Rotary Youth Leadership Program. Individuals not signing this policy will not be approved for participation in RYLP.

POLICY

I understand that the Rotary Youth Leadership Program is expecting me to act appropriately at all times. I accept the responsibility to use my leadership skills resulting in appropriate conduct at all times. I recognize that my behavior is not only a reflection on me but also my school, my local Rotary Club and the Rotary Youth Leadership Program.

I accept the responsibility of being a positive Delegate of the Rotary Youth Leadership Program.

In light of these responsibilities, I agree:

- To attend all scheduled meetings, program sessions, and activities related to the Rotary Youth Leadership Program;
- Not to consume alcoholic beverages, use illicit drugs, or possess weapons while participating in all activities related to the Rotary Youth Leadership Program;
- To operate motorized vehicles in a legal, safe, and responsible manner, including but not limited to abiding by all laws regarding use of cell phones and texting or engaging in other electronic communications while driving; driving within the posted speed limits; wearing a seat belt and requiring passengers to do the same; not operating a vehicle if I have consumed any alcohol or any other substance impairing my ability; not allowing alcohol, illicit drugs or weapons in the vehicle; operating only motorized vehicles for which I have a current, unrestricted license; and only using vehicles that are properly licensed, insured and with current motor vehicle inspections.
- Not to spend money or make monetary commitments on behalf of the Rotary Youth Leadership Program;
- To dress appropriately for the setting; and,
- To interact professionally and responsibly with other program participants at the training events and in my internship.



Emergencies

In case of a personal emergency or an emergency on the part of another Delegate, I will contact a member of the Rotary Youth Leadership Program Staff immediately. In the event of an emergency, any additional travel expense done without the prior approval of the Rotary Youth Leadership Program Director will be the responsibility of the Delegate.

UNCONDITIONAL AND FULL GENERAL RELEASE AND COVENANT NOT TO SUE

PLEASE READ THIS CAREFULLY. IT AFFECTS CERTAIN RIGHTS YOU MAY HAVE IF YOU ARE INJURED OR OTHERWISE SUFFER DAMAGES PARTICIPATING IN THE ROTARY YOUTH LEADERSHIP PROGRAM.

In return for Greensboro Rotary Club allowing me to participate in the Rotary Youth Leadership Program and other good and valuable consideration, I agree, and state, on behalf of myself, my heirs, assigns, executors and others, as follows:

1. I am competent to read and sign this "Unconditional and Full General Release and Covenant Not To Sue."
2. I understand that I am participating in the Rotary Youth Leadership Program freely and voluntarily. I understand that participation in the Rotary Youth Leadership Program is a privilege.
3. I am familiar with and will obey any and all of the rules established for the Rotary Youth Leadership Program including the Rotary Youth Leadership Program Code of Conduct. I will obey all applicable laws, including those that relate to alcohol and illegal drug consumption, and the possession of weapons.
4. I understand and appreciate the inherent risks and dangers of participating in the Rotary Youth Leadership Program (physical injury, automobile accident, crime, etc.) which could result in property damage and/or personal injury, including death, and I agree to accept and assume all risks whether present or future, known or unknown, arising from or as a result of my participation in this Rotary Youth Leadership Program.
5. I WILL HOLD HARMLESS AND INDEMNIFY the Greensboro Rotary Club and their officials, administrators, employees and all sponsors and individuals assisting in the Rotary Youth Leadership Program for any liability and all claims of damages, demands, and actions whatsoever in any manner resulting from my participation in this Rotary Youth Leadership Program.
6. I will assume responsibility for all costs incurred by me on the trip, including medical care, if needed.



7. I understand I must be healthy and reasonably fit in order to safely participate in the Rotary Youth Leadership Program and that it is my sole responsibility to determine whether I am sufficiently fit and healthy enough to participate. I will not be under the influence of alcohol or any illicit or prescription drugs which would in any way impair my ability to safely participate.
8. In the event that I am rendered unable to communicate due to illness, accident, or emergency while participating in the Rotary Youth Leadership Program, I hereby give permission to a Physician selected by the Rotary Youth Leadership Program's personnel to hospitalize, secure proper treatment for, and to take whatever medical actions are necessary to treat me.
9. I understand that if I violate any of the terms of this Agreement, I may be asked to leave the program at the discretion of the Rotary Youth Leadership Program Director responsible for the event. I understand that if I am asked to leave, I will be responsible for my own travel costs to return to my home and for any costs incurred by my participation in this event, and I shall be responsible for any liability for my return travel. If I am asked to leave this event, my emergency contact will be notified as will my Rotary Club Sponsor and my school.
10. I have read and understand this "Unconditional and Full General Release and Covenant Not To Sue." The undersigned states that he/she is presently an eligible participant and the information provided on the application is correct and is substantiated. Any falsification can result in immediate cancellation of all arrangements.

I agree to abide by the policies stated above.

☐ By checking this box, I do agree to the terms stated herein and to abide by these policies.

Delegate Signature

Full Name (Printed) Date School Attending

☐ By checking this box, I do agree to the terms stated herein and to abide by these policies.

Parent/Guardian Signature

Full Name (Printed) Date City, State