



Full Name _____

Date ___ / ___ / ___

Age: _____

Phone Number: _____

Grade entering: _____

Email: _____

Address: _____

City: _____ Zip Code: _____

Parent/Guardian Contact Details and permission to attend (If under 18)

Full Name: _____

Phone Number: _____

What High School do you attend?

School: _____

Are you taking any college courses?

Yes

No

Tell us about yourself...

Why are you interested in attending? _____

What is your plan after high school? _____

What do you hope to gain from this leadership summit _____

Applications can be:
Dropped off at 102 Stewart Pkwy in Washington, NC
Sent in by Fax at 252-946-9169
Or Emailed to cglover@wbcchamber.com

Signature

**WASHINGTON-BEAUFORT COUNTY CHAMBER OF COMMERCE
YOUTH LEADERSHIP SUMMIT LIABILITY WAIVER & RELEASE FORM**

Event Date: April 29th, 2026.

Participant Name (Student): _____

Date of Birth: _____

Parent/Guardian Name: _____

Emergency Contact Name & Phone: _____

ACKNOWLEDGMENT OF RISK & RESPONSIBILITY

I, the undersigned parent/guardian and student participant, acknowledge that participation in the Youth Leadership Summit involves inherent risks, including but not limited to transportation, activities, and interactions. Participation is voluntary.

TRANSPORTATION DISCLAIMER

I understand that the Washington-Beaufort County Chamber of Commerce does not provide transportation and assumes no responsibility for travel. If the student drives, the parent/guardian certifies the student is licensed and insured.

RELEASE OF LIABILITY (NORTH CAROLINA LAW)

To the fullest extent permitted under the laws of the State of North Carolina, including applicable provisions of Chapter 99E and related case law governing liability waivers, I hereby release and hold harmless the Washington-Beaufort County Chamber of Commerce, its officers, directors, employees, volunteers, and affiliates from any and all claims arising from participation in the event or travel to/from the event, including claims of negligence.

I understand North Carolina courts generally enforce liability waivers that are clear and unambiguous, and I intend this agreement to be interpreted as broadly as permitted under North Carolina law.

INDEMNIFICATION

I agree to indemnify and hold harmless the Chamber from any claims brought by or on behalf of the participant arising out of participation in the event.

MEDICAL AUTHORIZATION

I authorize emergency medical care if needed and accept responsibility for any associated costs.

PHOTO & MEDIA RELEASE (OPTIONAL)

I give permission I do not give permission

ACKNOWLEDGMENT

I have read and understand this agreement. I understand it is legally binding under North Carolina law.

Student Signature: _____ Date: _____

Parent/Guardian Signature: _____ Date: _____