



2017 National Law Enforcement Exploring Leadership Academy Certification:

I certify that all statements in this or the attached documents are true. I understand that, if selected, I am responsible for personal expenses and my round-trip transportation to Washington, D.C. Reagan National Airport, Lambert-St. Louis International Airport, or Roswell International Airport. I acknowledge that I can pass the physical agility requirements for my participating organization and participate in strenuous physical activities without it being a threat to my physical well-being.

If selected, I will consent to the use of my name, voice, written material and/or pictures by Learning for Life and/or any movie, news, or broadcasting companies or their licensees for broadcasting, direct exhibition, and subsidiary purposes. Such uses will not be made which would constitute a direct endorsement by said Explorer of any product or service. Said Explorer will indemnify Learning for Life and their local Learning for Life office, officers, employees, agents, or their representatives and any other person working under the director or engaged in the conduct of their affairs, said movie or broadcasting companies and their licensees representing any claim arising out of my or said Explorer's acts or statements.

APPLICANT PRINTED NAME: _____ **Post #:** _____

APPLICANT SIGNATURE: _____ **DATE:** _____

PARENT/GUARDIAN SIGNATURE: _____ **DATE:** _____

ADVISOR SIGNATURE: _____ **DATE:** _____

Advisor Name: _____

Please print

Advisor Phone: _____ Email: _____

PARTICIPATING ORGANIZATION HEAD SIGNATURE/TITLE:

Signature *Title*

Agency Name *Street Address*

City *State* *Zip* *Phone*

LOCAL LEARNING FOR LIFE OFFICE: To find your local office go to <http://www.scouting.org/LocalCouncilLocator.aspx>.

I verify this Explorer is currently and has been registered in Post # _____ for at least 12 months and if selected approve them to participate in the 2017 National Law Enforcement Explorer Leadership Academy.

Print Name *Title*

Signature *Date*

Council #: _____ HQ City & State: _____