STATE BAR OF MICHIGAN

ELDER LAW AND DISABILITY RIGHTS SECTION (ELDRS)

SCHOLARSHIP AGREEMENT

Name of Applicant:
Email:

THIS AGREEMENT is made by and between the above named applicant (the "Applicant"), and the Elder Law and Disability Section of the State Bar of Michigan ("ELDRS").

By signing below the Applicant acknowledges that the Elder Law and Disability Section of the State Bar of Michigan through the Scholarship Application will be awarding scholarships towards the ELDRS Fall Conference (the "Fall Conference") on his or her behalf. Your Conference Benefit entitles you to admittance to the ELDRS Fall Conference sessions and related events. Any and all other costs associated with your attendance (including without limitation travel, food and entertainment and in some cases accommodations) shall be borne solely by you, and ELDRS shall have no liability for such costs. Your individual scholarship award will indicate your exact benefit.

If applying for assistance with payment on accommodations, the Applicant acknowledges and agrees that they may be assigned reasonable accommodations with other scholarship applicants.

By attending the Event, Applicant acknowledges and agrees to grant ELDRS the right at the Fall Conference to record, film, photograph, or capture Applicant's likeness in any media now available or hereafter developed and to distribute, broadcast, use, or otherwise globally to disseminate, in perpetuity, such media without any further approval from Applicant or any payment to Applicant. This grant to ELDRS includes, but is not limited to, the right to edit such media, the right to use the media alone or together with other information, and the right to allow others to use or disseminate the media.

Applicant acknowledges and agrees that ELDRS, in its sole discretion, reserves the right to change any and all aspects of the Fall Conference, including but not limited to, the Fall Conference name, themes, content, program, speakers, hosts, moderators, venue, and time.

TERMS AND CONDITIONS OF ATTENDANCE AND PARTICIPATION

IN CONSIDERATION of the Conference Benefit I agree to the following:

Applicant:

1. has read and understands the information provided in this Application.
2. has attached his or her Scholarship Application to this Agreement.
3. will abide by the requirements to obtain my Conference Benefit.
4. will attend the sessions as offered at Fall Conference.
5. will act in a professional manner.
6. will fill out evaluations in relation to all conferences attended.

7. agrees to wear name badges at the Fall Conference.
8. agrees if he or she does not attend the Fall Conference, for any reason other than a documented medical emergency, Applicant will reimburse Elder Law and Disability Section of the State Bar of Michigan for any expenses actually incurred by ELDRS.
9. HEREBY RELEASE, WAIVE, DISCHARGE AND COVENANT NOT TO SUE THE ELDER LAW AND DISABILITY SECTION OF THE STATE BAR OF MICHIGAN AND EACH OF ITS AFFILIATES, AND THEIR RESPECTIVE DIRECTORS, OFFICERS, EMPLOYEES, AGENTS AND REPRESENTATIVES, AND THE SPONSORS, ADVERTISERS, PARTICIPANTS, INSTRUCTORS, AND OTHERS WHO GIVE RECOMMENDATIONS OR INSTRUCTIONS OR ENGAGE IN RISK EVALUATION OR LOSS CONTROL ACTIVITIES REGARDING THE LOCATION, THE PREMISES OR THE FALL CONFERENCE (COLLECTIVELY, THE "RELEASEES") FROM ANY AND ALL LIABILITY FOR ANY LOSS OR DAMAGE AND ANY CLAIM OR DEMANDS THEREFORE FOR ANY INJURY OR DEATH OR DAMAGE TO PROPERTY ARISING OUT OF OR RELATED TO THE FALL CONFERENCE, WHETHER CAUSED OR CONTRIBUTED TO BY THE NEGLIGENCE OR BREACH OF WARRANTY OF THE RELEASEES, PARTICIPANTS, THIRD PARTIES, OR OTHERWISE.

By signing below, Applicant affirms the following:

- **All information provided is true and accurate.**
- **If I am awarded a scholarship, I intend to abide by this Agreement.**
- **The scholarship funds will be used for the intended purposes**.

Agreed to and Accepted by Applicant:

_____ _____

Signature of Applicant Printed Name of Applicant

_____

Dated