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| TYPE OF APPLICATION: NEW (\_\_\_\_\_) RENEWAL (\_\_\_\_\_)If Renewal, How Long have You been in foundation? \_\_\_\_yrs\_\_\_\_Mos | | | | |
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| Applicant Information | | | | |
| Full Legal Name: | | | | |
| Date of Birth: | Age: | | | T-Shirt Size: |
| Home Address: | | | | |
| City: | State: | | | ZIP Code: |
| E-mail: | | | | |
| Home Phone #: | | Cell Phone #: | | |
| Allergies: | | | | |
| School Information | | | | |
| School Name (Currently Enrolled In): | | | | |
| City: | County: | | | State: |
| Grade (Current): | GPA: | | Expected Graduation Date: | |
| activities | | | | |
| Extra-Curricular Activities: | | | | |
| Civic / Community Activities: | | | | |
| Hobbies & Interests: | | | | |
| Other Important Information about Applicant: | | | | |

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| Parent(s)/LEGAL GUARDIAN Information | | |
| Parent(s)/Legal Guardian Name: | | |
| Home Address: | | |
| City: | State: | ZIP Code: |
| Primary E-mail: | | |
| Home Phone #: | Cell Phone #: | Work Phone #: |
| Why do you desire for your child(ren) to participate in *The Stewart Foundation* Program?: | | |
| Emergency Contact (persons listed must be over age 18) | | |
| Emergency Contact Name #1: | | |
| Relationship to Student: | | Phone #: |
| Emergency Contact Name #2: | | |
| Relationship to Student: | | Phone #: |
| Emergency Contact Name #3: | | |
| Relationship to Student: | | Phone #: |
| Applicant Essay questions | | |
| What do you want to be when you grow up: | | |
| Why are you interested in participating in *The Stewart Foundation* Program: | | |

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| the stewart foundation terms and conditions | | |
| **PHOTOGRAPHY/VIDEOGRAPHY:** I, as the Parent/Legal Guardian of the applicant, hereby grant The Stewart Foundation, Inc. permission to use my child’s likeness in a photograph, video, or other digital media (“photo”) in any and all of its publications, including web-based publications, local/national publications and as appropriate and common for The Stewart Foundation, Inc’s communication and publicity, without payment or other consideration. I understand and agree that all photos are and will remain the property of The Stewart Foundation. I hereby irrevocably authorize the Stewart Foundation, Inc. to edit, alter, copy, exhibit, publish, or distribute these photos for any lawful purpose. In addition, I waive any right to inspect or approve the finished product wherein my child’s likeness appears. Additionally, I waive any right to royalties or other compensation arising or related to the use of the mine or my child’s photo. I hereby hold harmless, release and forever discharge The Stewart Foundation, Inc. from all claims, demands, and causes of action which I, my heirs, representatives, executors, administrators, or any other persons acting on my behalf or on behalf of my child’s estate have or may have by reason of this authorization.  I have read and understand the above photo release. I affirm that I am at least 18 years age and I am the parent/guardian of the applicant as evidenced by my signature alone. | | |
| **PARENT/LEGAL GUARDIAN RELEASE OF LIABILITY:**  For and in consideration of the undersigned Parent/Legal and child/participant's registration with The Stewart Foundation ("Organization") and being allowed to participate in events and activities, participant and the Parent/Legal guardian of participant waive, release and relinquish any and all claims for liability and cause(s) of action, including for personal injury, property damage or wrongful death occurring to participant or participant’s Parent/Legal guardian arising out of participation in events, or sports, and/or activities incidental thereto, whenever or however they occur and for such period said activities may continue, and by this agreement any such claims, rights, and causes of action that participant and/or participant's Parent/Legal guardian may have are hereby waived, released and relinquished, and participant and participant’s Parent/Legal guardian do so on behalf of their heirs, executors, administrators and assigns.    Participant and participant's Parent/Legal guardian acknowledge, understand and assume all risks relating to events or sports participation and activities incidental thereto, and understand that activities incidental thereto may involve risks to participant's and participant's Parent/Legal Guardian including bodily injury, partial or total disability, paralysis and death, and damages which may arise there from and that we have full knowledge of said risks. These risks and dangers may be caused by the negligence of the participant, participant's Parent/Legal guardian or the negligence of others, including the organization, its affiliates, members, event hosts, other participants, other parents and legal guardians, coaches, officials, sponsors, advertisers, owners and operators of the premises used to conduct any event and each of them, their officers, directors, agents and employees (collectively, "releasees"), and include risks arising from the conditions and use of facilities and related premises. I/We further acknowledge that there may be risks and dangers not known to us or not reasonably foreseeable at this time.    Participant and participant's Parent/Legal guardian acknowledge, understand and assume the risks, if any, arising from the conditions and use of facilities and related premises, whether as a participant or a spectator, including without limitation, the risks involved with participating in the Organization’s activities. Participant and participant's Parent/Legal guardian further acknowledge and understand that included within the scope of this waiver and release is any cause of action (including any cause of action based on negligence) arising from the performance, or failure to perform, maintenance, inspection, supervision or control of said areas and for the failure to warn of dangerous conditions existing at said facilities, for negligent selection of certain releasees, or negligent supervision or instruction by releasees.  Participant and participant's Parent/Legal guardian agree if any claim for personal injury or wrongful death is commenced against releasees, he/she shall defend, indemnify and save harmless from any and all claims or causes of action by whomever or wherever made or presented for his/her personal injuries, property damage or wrongful death.  Participant and participant's Parent/Legal guardian acknowledge that they have been provided and have read the above paragraphs and have not relied upon any representations of releasees, that they are fully advised of the potential dangers and risks and understand these waivers and releases are necessary to allow the activities of the Organization to exist in its present form.  I HAVE READ THIS RELEASE OF LIABILITY AND ASSUMPTION OF RISK AGREEMENT, FULLY UNDERSTAND ITS TERMS, UNDERSTAND THAT I HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT, AND SIGN IT FREELY AND VOLUNTARILY WITHOUT ANY INDUCEMENT. | | |
| INITIAL \_\_\_\_\_\_ | The risk of injury from the activities involved in this program is insignificant, however the risk of injury does exist; and, | |
| INITIAL \_\_\_\_\_\_ | I KNOWINGLY AND FREELY ASSUME ALL SUCH RISKS, both known and unknown, EVEN IF ARISING FROM THE NEGLIGENCE OF THE RELEASEES or others, and assume full responsibility for my participation; and, | |
| INITIAL \_\_\_\_\_\_ | I willingly agree to comply with the stated and customary terms and conditions for participation. If however I observe any unusual significant hazard during my presence or participation, I will remove myself from participation and bring such to the attention of the nearest official immediately; and, | |
| INITIAL \_\_\_\_\_\_ | I, for myself and on behalf of my heirs, assigns, personal representatives and next of kin, HEREBY RELEASE, INDEMNIFY, AND HOLD HARMLESS THE STEWART FOUNDATION, their officers, officials, directors, staff, volunteers, agents and/or employees, other participants, sponsoring agencies, sponsors, advertisers, and, if applicable, owners and lessors of premises used to conduct the event (“Releases”), WITH RESPECT TO ANY AND ALL INJURY, DISABLITY, DEATH, or loss or damage to person or property, WHETHER ARISING FROM THE NEGLIGENCE OF THE RELEASEES OR OTHERWISE, to the fullest extent permitted by law. | |
| **DRIVING AND CARPOOLING POLICY:** Parent/Legal Guardian, by signing below you are also acknowledging that you are giving permission for your child to drive or carpool with another TSF program participant and/or to acknowledge that this statement has been read and understood. In signing this agreement, each participant and/or parent agrees to abide by the participant’s policy on Driving and Carpooling. Any violation of this policy can result in the forfeit of a participant continuing The Stewart Foundation, Inc. | | |
| Signatures | | |
| I have received a copy of this application. | | |
| Signature of Applicant: | | Date: |
| Signature of Parent/Legal Guardian: | | Date: |

Please complete, sign, date and either (1) mail to the address below; or (2) email to hstewart@thestewartfoundation.com; or

(3) hand deliver at the next TSF meeting.

The Stewart Foundation – P. O. Box 54680 – Atlanta, Georgia 30308

<http://www.thestewartfoundation.com>