



THE STEWART FOUNDATION STUDENT MEMBERSHIP APPLICATION

TYPE OF APPLICATION: NEW (____) RENEWAL (____)

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:



THE STEWART FOUNDATION STUDENT MEMBERSHIP APPLICATION

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:



THE STEWART FOUNDATION STUDENT MEMBERSHIP APPLICATION

THE STEWART FOUNDATION TERMS AND CONDITIONS

PHOTOGRAPHY/VIDEOGRAPHY: Unless requested in writing by client or client representative and apart from these "Terms and Conditions", The Stewart Foundation (herein referred to as "TSF") has permission to use photographs and video footage from its clients and/or client events in its future marketing literature, on its website, in its brochures/flyers, in local/national publications and as appropriate and common for The Stewart Foundation communication and publicity.

PARENT/LEGAL GUARDIAN RELEASE OF LIABILITY: This is to certify that I, as parent/legal guardian of this program participant, do consent and agree to this release as provided above all the Releases, and, for myself, my heirs, assigns, and next of kin, I release and agree to indemnify and hold harmless the Releases from any and all liabilities incident to my child's involvement or participation in these programs as described above, EVEN IS ARISING FROM NEGLIGENCE OF THE RELEASEES, to the fullest extent permitted by law. In consideration of being allowed to participate in any way in The Stewart Foundation program, related events and activities, I, the undersigned, acknowledge, appreciate, and agree that: 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, DISABILITY, 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: All participants regardless of whether they intend to drive or carpool with another participant to The Stewart Foundation on any day must have a parent/legal guardian sign this section. Its purpose is to verify parental consent for the program participant to drive or carpool with another TSF program participant and/or to acknowledge that this policy 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.

SIGNATURES

Signature of Applicant:	Date:
Signature of Parent/Legal Guardian:	Date:

Please complete, sign, date and either (1) mail to the address below; or (2) fax to the fax number below; or (3) hand deliver at the next TSF meeting.

The Stewart Foundation – P. O. Box 54680 – Atlanta, Georgia 30308
Fax 404.328.0095
<http://www.thestewartfoundation.org>