



# Body and Mind Foundation

A non-profit corporation generating funds for those who can

## Grant Application

The information declared below will remain confidential and only available to the BAMF President. Each application will be discussed by the BAMF board, however, private information including names and financial information will be kept confidential. Grants are to be used for the athlete ONLY not their family or friends.

Mail application and waiver to: BAM Foundation c/o Cristin Reichmuth, 1473 Longmeadow Drive, Gilroy, CA 95020.

Applicant's First and Last Name:	
Date of Birth:	Parent's E-mail:
Parent/Guardian's Name:	
Address:	
City:	Zip:
Home Phone:	Cell Phone:
What are the best times to reach you?	
How much money are you applying for (an amount must be stated):	
When do you need your grant by?	

**Please Completely Explain What You Plan To Use Your Grant For.**

1. When will you be traveling: \_\_\_\_\_
2. Who you may be traveling with: \_\_\_\_\_
3. What will the grant will be used for: \_\_\_\_\_
4. Name of the event: \_\_\_\_\_
5. Are you buying equipment? Circle YES or NO. If you are buying equipment, please answer questions 6-9, otherwise, skip to the next section.
6. What are you buying: \_\_\_\_\_
7. Where will you be purchasing this item? \_\_\_\_\_
8. Is this company a current sponsor of BAM? Circle YES or NO
9. If no, you are required to make initial steps in inquiring about team sponsorship.

Please Explain Your Financial Need for the Grant: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**How Did You Hear About BAMF!?**

\_\_\_\_\_

\_\_\_\_\_



# Body and Mind Foundation

A non-profit corporation generating funds for those who can

## ASSUMPTION OF RISK AND RELEASE OF LIABILITY

\_\_\_\_\_  
(name of participant/athlete) and \_\_\_\_\_  
(names of athletes parents), a grant recipient of Body and Mind Foundation, a non-profit 501(c)3 corporation, freely and voluntarily agree to protect, defend, release, indemnify and hold harmless the Body and Mind Foundation Board Members and their families, its officers, directors, sponsors, and members, administrators, employees, consultants and agents (the Released Parties) from any claim, demand, injury, illness, or property damage, whether or not foreseeable, suffered by our athlete in whole or in part while participating in any of the Released Parties events, workouts, practices, lessons, races, meetings, or events in which my athlete received financial aid in the form of an athletic grant (Events). To the greatest extent allowed by law, I agree to protect, defend, release, indemnify and hold harmless the Released Parties from any such claim that may exist now or in the future in favor of me, my heirs, assigns, or survivors regardless of whether this claim arises in whole or in part from any act of the Released Parties or any of them.

1. I recognize and acknowledge that sports of all nature carry significant risks of serious personal injury, death and property damage. I also know and understand that while participating in Events with the Released Parties, that I may be exposed to natural, mechanical and environmental conditions and risks which alone or in combination with the activities of others may cause property damage, bodily injury or death to me or others.
2. I acknowledge and represent to the Released Parties that our athlete is physically and mentally capable of participating in the Released Parties Events. I represent that I have had regular medical examinations by a physician and that I have no physical condition, injury or impairment that would be hazardous to me or to others while participating with the Released Parties, and that I have determined that any equipment to be used by me as a participant in the Released Parties is satisfactory for my use.
3. When necessary, I agree to use a properly functioning bicycle helmet that complies with either SNELL or ANSI standards while participating with the Released Parties, and that it is my sole responsibility to utilize and obtain proper equipment.
4. I have been instructed in the techniques and safety procedures regarding triathlon racing and accept the responsibility for knowing triathlon racing and safety procedures to be followed. I do not rely on the Released parties to provide such instructions or directions.
5. I hereby give my consent for emergency medical treatment to be given to me or my child and acknowledge that I will be responsible for the cost of such treatment. I agree that the above representations are not mere recitals and that they are binding. Should I or any other person, either under me or on my behalf, present a claim in contravention of this agreement, I agree to be liable for the cost of defending the Released Parties, including attorney fees.
6. I agree not to sue the Released Parties for claims, costs or liabilities that I have waived, released or discharged herein.
7. I agree to allow the Released Parties to use my photos and/or comments in any media application.

I am the said person/parent and/or legal guardian of the above named participant and have read, or had time to read, this Assumption of Risk and Release of Liability for and on behalf of the participant, and his or her heirs or assigns. I represent that I have the legal capacity to execute this document on behalf of myself and/or the participant and I agree to indemnify, hold harmless and defend the persons or entities mentioned above for any claims made or liability assessed against them as a result of any insufficiency of my legal capacity or authority to act for and on behalf of the participant.

Participant/Athlete: \_\_\_\_\_

Hand Write Name of Parent or Legal Guardian: \_\_\_\_\_

Date: \_\_\_\_\_

Signature: \_\_\_\_\_

Address: \_\_\_\_\_

E-mail: \_\_\_\_\_

Phone numbers: \_\_\_\_\_

[www.bodyandmindsolutions.com/bamf/bamf](http://www.bodyandmindsolutions.com/bamf/bamf)

Mail application and waiver to: BAM Foundation c/o Cristin Reichmuth, 1473 Longmeadow Drive, Gilroy, CA 95020.  
Non-Profit Number: 170 531 1600 3045