

The Andre Tate Foundation, Inc.

Student Application

(To be completed by parents of children under the age of 18)

Child's Name	Age	DOB
Address	City	ZIP
School Child Attends	Grade	GPA
Child's extracurricular activities	Years involved	Coach/Teacher
Child's special interest:	Formal Training	Natural Ability
Any Special Needs (Mental/Physical/Allergies)	Requires Medication (Y/N)	Under Doctor's Care

The Andre Tate Foundation, Inc.

Parent's Information

Mother's Name		Occupation	DOB
Address		City	ZIP
Father's Name		Occupation	DOB
Address		City	ZIP
Are biological parents currently (Circle) Married Separated Divorced		Mother –remarried (Y/N)	Father –remarried (Y/N)
Are there other siblings in the home?		YES	NO
Sibling's First Name	Last Name	Age	
Sibling's First Name	Last Name	Age	
Sibling's First Name	Last Name	Age	
Sibling's First Name	Last Name	Age	

The Andre Tate Foundation, Inc.

AGREEMENT

The student is to maintain a grade point average (GPA) of at least 2.5, with the expectation that the student will strive to increase his/her GPA by .5 points.

The Code of Conduct is to be adhered to by all students during school hours as well as in the home. After three infractions, the child may be dismissed from the program. The Code of Conduct is outlined on a separate sheet of paper.

The student is to choose a field or organization to volunteer with for a minimum of 20 hours per year.

Signature of Student _____

Date _____

Signature of Parent or Guardian _____

Date _____

PHOTOGRAPHY

I GIVE my consent for my child, _____, to be photographed, videotaped, recorded by any means, and interviewed, singly or in a group, by the news media, the Andre Tate Foundation, Inc. ("ATF") and any other organization or association connected with ATF. I consent to the use of my child's name, photograph, video, audio, or other recordings and interview comments, for the promotional purposes of ATF. I understand this consent includes but is not limited to use of such materials in press releases, newsletters, web sites, computer software, slide shows, and audio/video presentations. I understand that a likeness of my child may be reproduced or created digitally or transformed into an electronic format to which the general public may have access. I further understand that the ATF is unable to exercise control over the persons who may view and copy ("download") my child's likeness and the uses to which such persons may put such information.

It is understood that photographs or recordings may be taken at any time during the activities associated with ATF. It is agreed that I may inspect or view these materials upon request while they are in the possession of the ATF.

It is further agreed that neither my child nor I shall have any right, title or interest in the photographs, recordings, or other materials that may include my child's name or likeness which are created by the news media, ATF or any organization or association connected with ATF. I _____, on behalf of myself, my child, our heirs, executors, and assigns agree to release and hold harmless ATF, its officers, employees, and agents for any and all liabilities, including but not limited to personal injuries, arising out of the creation or use of my child's likeness in such materials.

I understand that my consent and signature on this release are NOT a condition of enrolling my child in any program operated by ATF.

I DO NOT GIVE my consent for my child, to be photographed, videotaped, or recorded by any means, singly or in a group, by the news media, ATF, and any other organization or association connected with ATF. I understand that my child has the right to speak to the news media without my permission.

Parent or Guardian _____ Date _____

Please Print Parent or Guardian Name _____

The Andre Tate Foundation, Inc.

ACTIVITY PARTICIPATION

1. THE UNDERSIGNED HEREBY RELEASES, WAIVES, DISCHARGES AND COVENANTS NOT TO SUE ATF its officers, employees, board members, and agents (herein referred to as "releasees") from all liability to my son/daughter/ward, the undersigned, their personal representative, assigns, heirs, and next of kin for any loss or damage, and any claim or demands therefore on the account of injury to the person or property of, or resulting in death of my son/daughter/ward, while my son/daughter/ward participates in any trips or excursion that is sponsored, planned or directed by ATF.
2. THE UNDERSIGNED HEREBY AGREES TO INDEMNIFY AND SAVE AND HOLD HARMLESS the releasees and each of them from any loss, liability, damage or cost I/we may incur due to the participation of my son/daughter/ward in any trip or excursion that is sponsored, planned or directed by ATF.
3. THE UNDERSIGNED HEREBY ASSUMES FULL RESPONSIBILITY FOR THE RISK OF BODILY INJURY, DEATH OR PROPERTY DAMAGE while my son/daughter is participating in any trip or excursion, sponsored, planned and directed by ATF; and
4. THE UNDERSIGNED further expressly agrees that the foregoing RELEASE, WAIVER AND INDEMNITY AGREEMENT is intended to be as broad and inclusive as is permitted by the law of the State of California and that if any portion thereof is held invalid, it is agreed that the balance shall, notwithstanding, continue in full legal force and effect.

I, THE UNDERSIGNED HAVE READ, UNDERSTAND AND VOLUNTARILY SIGN THIS RELEASE AND WAIVER OF LIABILITY AND INDEMNITY AGREEMENT, and further agree that no oral representations, statements or inducements apart from the foregoing written agreement have been made.

Signature of Parent or Guardian _____

Date _____