



Instructions and Application for Grant Funds

The Team Alex Fund, a tax-exempt non-profit corporation, is dedicated to the following mission: To restore hope to children who dream of one day walking by providing funds to purchase specialized therapy devices and mobility equipment to youths and organizations that treat youths suffering from spinal cord illness or injury.

Instructions for Financial Assistance Application:

To apply for financial assistance from the Team Alex Fund, please complete and submit the application along with the required documents. Applications for Grant Funds are reviewed by the Team Alex Fund Board of Directors on a quarterly basis. Grant funds are awarded based on the availability of funds and at the sole discretion of the Board of Directors of the Team Alex Fund. All applicants will be contacted following review of their application. The requirements for applying are:

- Any child diagnosed with a spinal cord illness or injury who has not reached their 21st birthday is eligible for consideration.
- The applicant must be the parent or legal guardian of the diagnosed child and the primary caregiver of the child. A photocopy of the child's birth certificate or other evidence of parental or guardian status must be submitted with the application. Applicants must be U.S. residents.
- The application must be accompanied by a signed letter from the child's treating physician on that physician's letterhead stating the child's full name, date of birth and diagnosis.
- All sections of the application must be completed and all accompanying documents must be submitted prior to the board reviewing the request.
- Assistance may be requested one time during any 12 month period. Each request for assistance requires a new application submission.
- Provide documentation showing denial from insurance company
- Please contact Brian McWilliams at 724-934-3672 or contact@teamalexfund.org if you have any questions concerning the application process.

Please send completed application and accompanying documents by email or mail to:

Team Alex Fund
10675 Perry Highway PO Box 582
Wexford, PA 15090
contact@teamalexfund.org



Application for Financial Assistance

Date of Application: _____

Child's Name: _____ Child's Birth Date: _____

Name and relationship of person completing the application (Must be parent or legal guardian):

Address: _____

Email Address of Parent/Guardian: _____

Phone number: (Home) _____ (Cell) _____

Medical Diagnosis/Nature of disability: _____

Equipment needed and cost: _____

Please list the names of two health care professionals who have worked with the child and can verify the need for the requested equipment. We will not contact these individuals without your authorization. In addition, please remember to include a letter from your child's treating physician (as requested in the Instructions for financial assistance).

NAME & AGENCY

PHONE

OCCUPATION

Please sign here if you consent to The Team Alex Fund contacting the above named individuals to discuss your child's equipment needs: _____

Please provide a brief description of the child's situation and the benefit the requested equipment will provide. Please indicate the family's ability and willingness to participate financially in the purchase if only partial funds can be provided.



Liability Release, Disclaimer and Authorization to Use Name and Likeness

Liability Release:

In consideration of the receipt of certain enabling equipment awarded by The Team Alex Fund, _____, (the Recipient thereof), him/herself or through his/her parent or legal guardian, hereby releases and forever discharges The Team Alex Fund, its officers, directors, employees, agents, affiliates and volunteers (hereafter collectively referred to as "The Team Alex Fund") from and against any and all claims, of any type, which arise from or are related to:

1. Any alleged malfunction of or defect in the enabling equipment;
2. Any allegation that the enabling equipment was not appropriate or suitable for the Recipient;
3. Any other matter, of any type, related, in any way, to the Recipient's receipt or use of the enabling equipment.

First Parent/Legal Guardian

Date

Second Parent/Legal Guardian

Date

(Signature is required of all legal guardians.)

I (We) stipulate that the information included in this application is true to the best of my (our) knowledge. Further, I (we) understand that the presence of inaccurate information in this application could result in the need for the re-evaluation of this application on the part of The Team Alex Fund.

First Parent/Legal Guardian

Date

Second Parent/Legal Guardian

Date

(Signature is required of all legal guardians.)

Disclaimer:

The mission of the Team Alex Fund is to provide funding to help purchase specialized therapy devices and mobility equipment for youths and organizations that treat youths suffering from spinal cord illness or injury. Team Alex Fund does not provide equipment, and as such, disclaims any and all liability for property damage and/or bodily injury resulting from the use of the equipment acquired with Team Alex

Funds. Team Alex Fund disclaims any and all warranties with regard to the equipment acquired with Team Alex Funds, including the warranty of merchantability and fitness for a particular purpose. The Team Alex Fund is merely a funding source. The Team Alex Fund is in no way responsible for purchasing, reclaiming, disposing of, maintaining or repairing equipment. It is the sole responsibility of the Recipient's legal guardian(s) to purchase, maintain, repair and/or dispose of the equipment. Any other costs that may be associated with the equipment such as installation, delivery, labor, disposal, etc. that are not explicitly stated on the application are the sole responsibility of the Recipient's legal guardian(s). All installations of ramps, lifts, stair glides, electrical supplies, etc. must be in compliance with applicable building codes. The Team Alex Fund is in no way responsible for ensuring compliance with any and all ordinances, codes and laws.

Before disbursement of any funds to purchase equipment, the legal guardian(s) of the Recipient must have this form signed, witnessed by a non-family member, and returned to The Team Alex Fund.

I have read and fully understand and agree to the above Disclaimer.

I _____
(First Legal Guardian's Name) (First Legal Guardian's Signature)

am the Legal Guardian of _____
(Recipient's Name printed)

I have read and fully understand and agree to the above Disclaimer.

I _____
(Second Legal Guardian's Name) (Second Legal Guardian's Signature)

am the Legal Guardian of _____
(Recipient's Name printed)

This document has been witnessed by

_____ on this date _____
(Name) (Date Signed)

Authorization to Use Name and Likeness:

The Recipient and his/her parents or legal guardian hereby acknowledge and agree that acceptance of the therapy devices and mobility equipment from The Team Alex Fund may result in publicity. The Recipient and his/her parents or legal guardian hereby irrevocably authorize The Team Alex Fund:

(a) To publicize and use the Recipient's likeness, voice and features, with or without his/her name, for any publication, promotion, trade or business use, or any other purpose

(b) To photograph, videotape, film and record each Recipient in any manner The Team Alex Fund chooses

(c) To copyright, convey or otherwise distribute, now or in the future, any such material involving the Recipient, his/her parents or legal guardian and that said material may be distributed to anyone, for any purpose, including the general public, magazines, newspapers, television, radio stations

(d) To publicize, now or in the future, the name of the Recipient including information regarding his/her physical condition and details regarding the equipment received from The Team Alex Fund.

The Recipient and his/her parents or legal guardian agrees that it is not necessary for The Team Alex Fund or anyone else to contact them prior to releasing any information authorized by this document. The Recipient and his/her parents or legal guardian hereby releases The Team Alex Fund from and against any and all claims, of any type, which arise from or are related to The Team Alex Fund's use, distribution or disclosure of any photographs, films, videotapes, electronic recording or other information regarding the Recipient and the award from The Team Alex Fund.

First Parent/Legal Guardian

Date

Second Parent/Legal Guardian

Date

(Signature is required of all legal guardians.)

Please note that your signature is not required on the Authorization to Use Name and Likeness portion of this form for the application to be considered by The Team Alex Fund. However, we do require photos of your child with their awarded equipment. Please note that we will only publish photos of children authorized by families signing this release form. Other photos will be kept confidential. Please keep in mind that these photos enhance our fundraising efforts to secure additional funding from corporate sponsors, individuals, and community foundations to help children with spinal cord injuries or illness and to continue our programs. Thank you.