

Advocates for Justice and Education, Inc.
LIFE ENRICHMENT AWARDS PROGRAM (LEAP)
CERTIFICATE OF ACKNOWLEDGEMENT

Name of Applicant: _____

LEAP Request (please list or describe what is being requested):

If the above LEAP Request is approved and awarded, it is understood and agreed that the undersigned does hereby grant and release Advocates for Justice and Education, Inc., The HSC Foundation and its operating subsidiaries (collectively referred to as The HSC Health Care System), and any and all of its affiliates, agents, employees, directors, officers and contractors from any and all manner of claims, actions, causes of action, damages, suits, debts, expenses, demands, compensation and liabilities whatsoever, of every kind and nature, tort and/or contractual, both at law or in equity (collectively "Claims"), arising from the delivery, installation, use, and ownership of the LEAP award. The aforesaid release includes without limitation the release of all affected parties from any Claims arising from the installation, maintenance, repair, and usage of the LEAP award and any and all warranty claims. The LEAP award is provided or delivered in as-is condition without any representations or warranties by the Advocates for Justice and Education, Inc. as to its condition. No warranty is expressed or implied by any of the parties and the parties have specifically disclaimed implied warranties of merchantability and fitness for a particular purpose.

If the above LEAP request is approved and awarded, the applicant agrees to be interviewed by the Advocates for Justice and Education, Inc. and/or The HSC Foundation to talk about how the award has impacted their transition process. The applicant also gives permission for interviews and photography (still pictures or videos) so that the information can be shared to positively promote the program. The applicant waives the right to inspect and/or approve the finished photographic product. The interviews and photography may be shared with potential donors, the media, and the

general public. It is understood that the applicant will not receive any money or compensation of any kind for the interviews and photography.

If the above LEAP request is approved and awarded, it is understood that the applicant will be ineligible for another LEAP award from any LEAP grantee for three (3) years following the end of the year in which a LEAP award is made.

If a LEAP request is being submitted to multiple organizations, please list the organizations below. *For a list of organizations, please see The HSC Foundation website [here](#).*

1) _____

2) _____

3) _____

If additional space is needed, please provide this information on a separate sheet of paper.

I certify that the information contained in this document is correct and understood. I understand the **Life Enrichment Awards Program** has the right to check the information I provided on this document and may need additional information. I have reviewed this document and I understand my rights and the permissions I am granting.

Applicant's Signature

Date

If applicant is under the age of 18 years old,

Signature of Parent or Guardian

Date