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Remarks:

APPLICATION

The 'Q' Fund

ONE Summit

Mount Kilimanjaro, Tanzania
Africa
2008

Recent Photo Here

Personal Information

(Please type or print clearly)

Name:

Surname First Middle Preferred

Email Address:

_____ Gender: Female Male

Permanent Address

(Home):

Street Number / Name

City / Town State / Province Country Postal Code

Mailing Address (Home):

(If different from above)

Street Number / Name

City / Town State / Province Country Postal Code

Telephone Number:

(Include country code if outside
U.S.A.)

Daytime

Evening

Denominational Affiliation:

Nationality / Citizenship:

Yes No

*Are you a citizen or permanent
resident of the U.S.?*

*If "No", country of
citizenship*

Date of Birth (mm / dd / yyyy)

Place of Birth

Passport: _____
Country of Issue *Passport Number*

_____ *Issue Date* *Expiration Date*

Parent(s) / Legal Guardian(s) Information

Father / Guardian's Name: _____
Surname *First* *Middle* *Preferred*

Email Address: _____

Disabled? *Yes* *No* Deceased? *Yes* *No*

Permanent Address
(Home): _____
Street Number / Name

_____ *City / Town* *State / Province* *Country* *Postal Code*

Mailing Address (Home): _____
(If different from above) *Street Number / Name*

_____ *City / Town* *State / Province* *Country* *Postal Code*

Telephone Number: _____
(Include country code if outside U.S.A.) *Daytime* *Evening*

Mother / Guardian's
Name: _____
Surname *First* *Middle* *Preferred*

Disabled? *Yes* *No* Deceased? *Yes* *No*

Permanent Address
(Home): _____
(If different from Father's above) *Street Number / Name*

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City / Town State / Province Country Postal Code

Mailing Address (Home): _____
(If different from above) Street Number / Name

City / Town State / Province Country Postal Code

Telephone Number: _____
(Include country code if outside U.S.A.) Daytime Evening

Emergency Contact Information

Contact (1): _____
Name Relationship Phone (including country code if outside U.S.A.)

Contact (2): _____
Name Relationship Phone (including country code if outside U.S.A.)

Educational Information

High School You Currently Attend: _____

Principal / Headmaster's Name: _____
(Mr. / Ms. / Dr.) Name

School Address: _____
Street Number / Name

City / Town State / Province Country Postal Code

Telephone Number: _____ Website: _____
(Include country code if outside U.S.A.) Daytime

Other High Schools You May Have Attended: _____

Essay Information

On a separate sheet of paper (more than one sheet may be used), please answer the following questions. Each essay should be approximately 500 words in length.

- 1. Why do you believe you are the strongest candidate to join The 'Q' Fund's ONE Summit?**
2. What do you believe you will take away from this unique experience? And, what do you think you will leave behind, positive or negative?
3. How do you envision using your new "ONE" view to change the lives of children orphaned by AIDS in Africa?

Medical Certificate (Applicant)

(Requirement for Summit)

Every team member is expected to be in good health and daily activities may be strenuous. It is imperative that we are aware of any special medical concerns which you may have. Please understand that due to the nature of the Summit we cannot accommodate strict diet requirements or severe physical handicaps or medical conditions (i.e. no wheelchairs, crutches, heart conditions, etc.).

Please check the "Yes" or "No" boxes below and explain any "Yes" answers in the sections provided.

Do you have any significant medical illnesses, which have required the regular care of a doctor?

Yes No

If "Yes", please explain:

Do you have any allergies or have you had any bad reactions to any drugs?

Yes No

If "Yes", please explain:

Have you been hospitalized in the past 5 years?

Yes No

If "Yes", please explain:

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Do you have any permanent physical disability (e.g. vision, hearing, body etc.)?

Yes No

If "Yes", please explain:

Do you take any medication regularly?

Yes No

If "Yes", please explain:

Have you ever been told by a doctor or diagnosed by a doctor that you had / have:

Epilepsy: Yes No

Diabetes: Yes No

High blood pressure: Yes No

Asthma or lung disease: Yes No

Ulcers or stomach trouble: Yes No

Colitis or intestinal trouble: Yes No

Heart disease: Yes No

Any significant foot, leg or back problems:

Yes No

If you answered "Yes" to any of the questions above, please explain in detail:

Medical Certificate (Physician)

(Requirement for Summit)

The above named applicant has been examined by me on and was found to be physically qualified to participate on "The One Summit" trip understanding the following conditions:

- ◆ Strenuous hiking expedition averaging 6 hours per day or more of sustained walking, often over rough terrain, but not involving any technical climbing, carrying light to heavy loads.
- ◆ Hiking in altitudes above 12,000 feet.
- ◆ Trips of long duration in a remote, wilderness area.

NOTE: Medical facilities on the trip MAY NOT BE AVAILABLE. A trip physician may not accompany the trip.

Please make any qualifying comments if applicable.

Physician

Printed Name

Street Address

Signature

City / Town, State / Province

Date (mm/dd/yy)

Postal Code

Email Address

Country

Risk, Release of Liability, Waiver of Claims and Indemnity Agreement

In consideration of being allowed to participate in any way in The 'Q' Fund and One Summit sponsored event, the undersigned:

1. For and in consideration of my participation in the One Summit expedition to Mt. Kilimanjaro, the applicant ("Participant") hereby recognizes that participation is voluntary. Participant expressly agrees and understands that The 'Q' Fund and project members shall not be held liable in any way whatsoever for any injury, damage, loss, accident, delay, substitution or irregularity with respect to persons or property occasioned by any cause whatsoever arising out of or in connection with the trip.
2. For the same consideration and without conflict with the foregoing, Participant hereby releases and discharges The 'Q' Fund, their officers, employees, agents, and heirs, successors and assigns, both in their official and individual capacities, jointly and severally, from any actions, causes of actions, claims, demands, costs and expenses on account of or in any way growing out of any and all loss of personal property as the result of any accident, delay or irregularity, which may be caused by neither in whole or in part by any defect in any vehicle, airplane, vessel, or negligent operation thereof or through any act, omission, or default of any company or person, or by reason of the condition or use of any real or personal property while Participant is en route to or from or participating in the trip or occasioned by it.
3. Participant further promises to bind himself/herself and all heirs, administrators and executors to indemnify and forever hold harmless The 'Q' Fund, their officers, and employees against loss, damage, or expense to Participant that may at any time be made or brought against any and all of said parties because of any accident or occupance while Participant is en route to or from or participating in any activity related to the trip or occasioned by it.
4. Participant acknowledges the right of the One Summit Project Director to terminate Participant's relationship with the expedition at any time and for whatever reason. In such event, the Participant understands that his/her donation to The 'Q' Fund program is not refundable.
5. Acknowledge, and represent that, I, the Participant's parent and/or legal guardian, understands the nature of The 'Q' Fund's activities and the Participant's experience and capabilities and believe the Participant to be qualified, in good health, and in proper physical condition to participate in such activity.
6. Grant to The 'Q' Fund and its employees, officers, directors, managers or volunteers, to act as guardians or spokesman in granting permission for emergency treatment/hospitalization (including anesthesia), if necessary for the Participant en route to or from or at the site of the event or hospital or other medical facility. I understand that should a health emergency arise, attempts will be made to notify me. If I cannot be reached by telephone, medical treatment as deemed necessary by competent medical personnel is authorized.

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7. Acknowledge and fully understand that each participant will be engaging in activities that involve risk of serious injury, including permanent disability and death, and severe social and economic losses which might result not only from their own actions, inactions or negligence, but the actions, inactions, or negligence of others, or the condition of the premises or of any equipment used. Further, that there may be other risks not known or reasonably foreseeable at this time.
8. Assume all the foregoing risks and accept personal responsibility for the damages following such injury, permanent disability or death.
9. Release, waive, discharge and covenant not to sue The 'Q' Fund and its employees, officers, directors, managers, volunteers, agents, successors, contractors or affiliated organizations or the suppliers of any element of the activity (all of whom are hereinafter collectively referred to as "the Releasees"); to release the Releasees from any and all liability of any claims, demands, losses or damages on account of injury, including death or damage to property, caused or alleged to be caused in whole or in part by the negligence, breach of contract, breach of any statutory or other duty of care, or other wrongful act or omission of the Releasees or otherwise; to hold harmless and indemnify the Releasees from any and all liability for any damage to the property of, or personal injury to, any third party, resulting from the Participant participating with The 'Q' Fund; and that this agreement shall be effective and binding upon the undersigned, his or her heirs, next of kin, executors, administrators, assigns and representatives.
10. Grant The 'Q' Fund to perpetually, exclusively, and for all media throughout the world, the right to use and incorporate (alone or together with other materials), in whole or in part, photographs or video footage taken of the Participant as a result of his or her participation in The 'Q' Fund and One Summit activities. I will not bring or consent others to bring claim or action against The 'Q' Fund on the grounds that anything contained in the photographs or video footage, or in the advertising and publicity used in conjunction herewith, is defamatory, reflects adversely on my child, violates any other right whatsoever, including, without limitation, rights of privacy, and publicity.
11. Recognize that The 'Q' Fund advertises and provides information on the World Wide Web and Internet, in order to promote the activities and accomplishments of The 'Q' Fund. I recognize that the ultimate end use of this information is beyond the control of The 'Q' Fund. By signing this disclaimer, I permit and release The 'Q' Fund and its employees, volunteers and staff, harmless, and not responsible in any way for the ultimate end use of this information upon its submission and release to the general public in several ways, including through mailings, over the phone lines, via faxes, the world wide web and internet. By signing, I, knowingly and voluntarily waive any and all claims, common law or statutory, past, present, and future, known or unknown, of whatever type, kind or character, and all legally recognizable cause of action, including bodily injury, damage to reputation, or physical harm, including death, against The 'Q' Fund, caused or alleged to be caused by the release of this information to third parties. I understand and agree that I will not receive any payment for the possible commercial use of the Participant's name or likeness.

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I acknowledge receipt of this Risk, Release of Liability, Waiver of Claims and Indemnity Agreement. I have carefully read and reviewed its terms, and I agree to its provisions. I AM AWARE THAT BY SIGNING THIS AGREEMENT I AM WAIVING SUBSTANTIAL RIGHTS WHICH I, OR MY HEIRS, NEXT OF KIN, EXECUTORS, ADMINISTRATORS AND ASSIGNS MAY HAVE AGAINST THE RELEASEES.

Parent / Guardian

Participant

Printed Name

Printed Name

Signature

Signature

Date (mm/dd/yy)

Date (mm/dd/yy)