



LOOK AT US ALLIANCE, INC.
P.O. Box 847
Summerland, California 93067
805-637-5699

APPLICATION FOR ASSISTANCE

Look At Us Alliance, Inc. (LAU) is a non-profit 501(c)(3) organization –providing education, support, counsel and care to families of children born with craniofacial differences. In certain cases, we fund reconstructive surgeries, provide hearing aids and other medical equipment and cover miscellaneous travel and lodging expenses associated with doctor appointment and surgeries.

If you believe you may qualify for assistance from Look At Us Alliance, Inc., please fill out application completely, sign the photo release and consent release at the end of the application (last 2 pages of application) and include the following items:

1. A recent photograph of the patient. Photograph will not be returned.
2. Narrative of your story to be used in marketing pieces.
3. A copy of any medical records/information on the patient.

Should you be accepted to be a potential Grant Recipient you will need to provide:

1. A copy of your most recent IRS tax return.
2. A copy of your most recent check stub.
3. Statement of Income/Expenses/Liabilities

Send your application to:

**Look At Us Alliance, Inc. P.O. Box 847, Summerland, CA 93067 or
email to info@lookatus.org**

To learn more about our organization please visit www.lookatus.org.

GENERAL INFORMATION

Date of Application ____/____/____

Name of patient: _____

Age ____ Date of birth ____/____/____ Male or Female: _____

Name of parents/guardians: _____

Street address: _____

City: _____ State: _____ Zip: _____

Phone (home): (____) _____ Phone (mobile): (____) _____

Email address where we may contact you: _____

Patient’s Diagnosis: _____

Estimated date of next surgery: _____

Patient’s physician name: _____

Physician street address: _____

City: _____ State: _____ Zip: _____



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Physician Phone: ()

Total number of persons in household: _____

Names and ages of all children in household: _____

Current medical/surgical insurance includes:

Medicaid Other: _____

Group insurance through employer

Name of insurance: _____

If group insurance, name of group employer: _____

REQUEST FOR ASSISTANCE

Please describe your request. Please estimate any future medical expenses for which you are seeking assistance:

Multiple horizontal lines for text entry.

Use the space below to explain any unusual circumstances you would like this organization to know in assessing your request for financial assistance.

Multiple horizontal lines for text entry.

Have you applied for assistance with any other organization? No Yes
If yes, please provide the following:

Name of organization: _____

Organization phone: () _____

The undersigned certifies that the information contained in this Application for Assistance is true and current.

Signed: _____ Date: _____



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GENERAL RELEASE

On behalf of myself, _____, and, if applicable, my minor child, _____, I hereby grant the Look At Us Alliance, Inc. (LAU), the absolute and irrevocable right and permission to use (1) my/my child's name and/or photographic likeness and (2) the narrative of my/my child's medical history and life's story living with a craniofacial difference in any and all of LAU's publications, marketing and fundraising collateral, or any other medium for any purpose whatsoever, including, but not limited to, the LAU website. I understand and agree that any such photograph or photographs using such likeness will become property of LAU, and will not be returned. Likewise, because my/my child's participation with LAU is voluntary, I acknowledge that neither I nor my child, if applicable, will receive financial compensation in consideration for LAU's use of any of the foregoing, and I waive any right to any royalties, proceeds, donations or other compensation arising from or related to such use.

Further, I hereby irrevocably authorize LAU to edit, alter, copy, exhibit, publish or distribute any photographs using my/my child's likeness or narrative (as referenced above) to publicize LAU or for any other lawful purpose. In addition, I waive the right to inspect or approve any finished product, including written or electronic copy, wherein my/my child's name, likeness and/or narrative appear. Also, to the extent any of the foregoing is used in any of LAU's fundraising efforts, I hereby acknowledge that the allocations of any funds so raised will be at the sole discretion of LAU.

By my signature below, I/my child hereby hold harmless and release and forever discharged LAU from all claims, demands, and causes of action that I/my child and my/my child's heirs, representatives, executors, administrators, or any other person acting on my/my child's behalf or on behalf of my/my child's estate have or may have by reason of this authorization. This authorization and release shall also ensure to the benefit of the legal representatives, licensees and assigns of LAU.

I am at least 18 years of age and am competent to contract in my own name and on behalf of my child, if applicable. I have read this release before signing below and I fully understand its contents, meaning, and impact.

Dated: _____, 20____

(Beneficiary signature or legal guardian if minor child)

(Legal relationship to minor child)



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WAIVER, ASSUMPTION OF THE RISK AND INDEMNITY AGREEMENT IN CONNECTION WITH APPLICATION FOR AND GRANT FROM THE LOOK AT US ALLIANCE, INC.

By way of this waiver of liability, assumption of the risk and indemnity agreement (this "Agreement"), I, _____, set forth my complete and unconditional release of the Look At Us Alliance, Inc., a California nonprofit 501(c)(3) nonprofit corporation ("LAU"), and its staff, employees, officers, directors, agents, representatives and assigns from any and all claims and/or liability stemming from my application for and/or receipt of a grant from LAU for assistance with costs and expenses related to any and all medical consultations, surgeries and/or medical procedures undergone by me or my minor child (whose name is indicated below, if applicable), medical devices prescribed or otherwise furnished, and associated travel (collectively referred to as the "LAU facilitated services"). More broadly, I understand that the LAU facilitated services shall also include any and all assistance and/or care rendered by a doctor, surgeon, medical company, hospital and/or associated vendor or service provider that is funded by LAU.

WAIVER

In consideration for the opportunity to apply for a grant from LAU and/or the receipt of such a grant and/or any and all of the LAU facilitated services, I, for myself, my child (if applicable), my/my child's heirs, personal representative or assigns, do hereby release, waive, discharge, and covenant not to sue LAU, its staff, employees, officers, directors, agents, representatives and assigns from liability from any and all claims resulting in personal injury, illness (including death) and/or property loss arising from, but not limited to, the LAU facilitated services.

ASSUMPTION OF THE RISK

The LAU facilitated services carry with them certain inherent risks that cannot be eliminated regardless of the care taken to avoid associated injuries or loss. The specific risks vary, but can range from (1) minor injury or illness; (2) major injury or illness; to (3) catastrophic injury and illness (including death).

I have read the previous paragraph, and I know, understand and appreciate these and other risks that are inherent in the LAU facilitated services. I hereby assert that my participation in the grant process and the LAU facilitated services is voluntary and that I knowingly assume all such risks.

INDEMNIFICATION

In addition to all of the foregoing, I also agree to indemnify LAU its staff, employees, officers, directors, agents, representatives and assigns and hold them harmless from any and all claims, actions, suits, procedures, costs, expenses, damages and liabilities, including attorneys' fees, brought as a result of the grant process and the LAU facilitated services, and to reimburse them for any such expenses incurred.



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MISCELLANEOUS

In connection with this Agreement, I understand and acknowledge all of the following:

1. Medical Treatment. LAU does not recommend or endorse any specific medical tests, procedures, opinions, treatments, doctors or hospitals. Recipients of LAU facilitated services are encouraged and otherwise directed to research what medical options are best for them and their families. With regard to LAU facilitated services, LAU is not liable for any medical negligence or errors, including those related to surgery, or poor outcomes.
2. Insurance. LAU does not carry or maintain health, medical, or disability insurance coverage on my/my child’s behalf. It is expected and encouraged that I obtain all necessary policies of insurance for my family and me.
3. Payment of Costs and Expenses. The amount to be paid for LAU facilitated services on my behalf or that of my child is in the sole discretion of LAU. That being said, LAU is not liable for and does not guarantee the payment of medical bills for me/my child, and LAU cannot guarantee payment, in whole or in part, for any medical bills or related expenses that, ultimately, are my responsibility.

SEVERABILITY

I further expressly agree that this Agreement is intended to be as broad and inclusive as is permitted by the laws 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.

ACKNOWLEDGMENT OF UNDERSTANDING

I have read this Agreement, fully understand its terms, and understand that I am giving up substantial rights, including my right to sue, both on my behalf and on behalf of my child, if applicable. I acknowledge that I am signing this Agreement freely and voluntarily, and intend by my signature for it to constitute a complete and unconditional release of all liability to the greatest extent allowed by law.

I hereby certify that I am the parent or legal guardian of the minor child whose name is indicated below, if applicable, and do hereby reaffirm, without reservation, that all of the foregoing applies on behalf of this individual.

Dated: _____, 20____

(Parent or legal guardian if minor child)

(Legal relationship to minor child)

Look At Us Alliance, Inc.
By: Robert W. Williams