

# MENTEE CONTACT INFORMATION



*Thank you for your interest in being mentored by the T. Rich Foundation, Inc. Please fill out the application and return it to [trichfoundation@gmail.com](mailto:trichfoundation@gmail.com). We appreciate your understanding and willingness to help us create a safe environment for all participants and volunteers.*

Name:

Date of Birth:

Home Phone:

Email Address:

Current address:

City:

State:

ZIP Code:

Educational level:

Extracurricular Activities:

School Name:

Hobbies/ Interests:

Please List Allergies:

If you could be anything, what would it be?

## EMERGENCY CONTACT

Name:

Address:

Phone:

City:

State:

ZIP Code:

Relationship:

Signature of Parent/Guardian:

Date:

## Photo Release

I, \_\_\_\_\_ Parent/Legal Guardian of (Mentee/child's name)  
\_\_\_\_\_ hereby grants permission to the T.Rich Foundation, Inc., its agents and assigns, to use above named child's photo or video, and likeness for the purpose of promotion by the T.Rich Foundation, Inc., for all forms, media and manners, for the following, but not limited to, news releases, photographs, video, audio, website, marketing, advertising, trade, promotion, exhibition for an indefinite period of time. I give unrestricted permission for images, videos, and recordings of the child to be used in print, video, digital and internet media. I agree that these images and/or voice recordings may be used for a variety of purposes and that these images may be used without further notifying me. I further acknowledge that I will not be compensated for these uses and the T.Rich Foundation, Inc., owns all rights to the images, videos, and recordings, and to any derivative works created from them. I waive any right to inspect the uses of any printed or electronic copy. I hereby release the T.Rich Foundation, Inc., and its agents and assigns from any claims that may arise from these uses, including without limitation claims of defamation or invasion of privacy, or of infringement of moral rights or rights of publicity or copyright. This Release expresses the complete understanding of the parties.

Signature of Parent/Guardian:	Date:
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## Waiver and Hold Harmless Agreement

In consideration of the Mentee being allowed by the T.Rich Foundation, Inc. to participate in and/or attend any and all activities associated with Terrance Richardson Dream. Believe. Work Foundation, Inc., I hereby agree to waive any and all claims, release, discharge, hold harmless, indemnify, defend, and covenant not to sue, for myself, my heirs, executors, administrators, and assigns T.Rich Foundation, Inc., its officers, directors, employees, agents, volunteers, and members from and against any and all claims or demands due to or arising from bodily injury, personal injury, illness or death, as well as any and all property damages sustained of any nature which might be incurred by me and/or the Mentee while participating in said activities.

By signing below, the Mentee (or parent/guardian if Mentee is a minor) acknowledges and accepts the risks of physical injury associated with participation in the activity described above. The Mentee (or parent/guardian) accepts personal financial responsibility for any medical expenses, bodily injury, personal injury, and property damages sustained during on in any way connected with or related to the activities.

Signature of Parent/Guardian:	Date:
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