



ATHLETES helping **ATHLETES**

Helping Children With Disabilities... Just Be Kids

AHA Handcycle Grant Application

Name: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Daytime Phone: (____) _____ - _____ Evening Phone: (____) _____ - _____

Email: _____

DOB and AGE: _____

Disability: _____

Height: _____ Weight: _____

Name of Parent(s) or Guardian: _____

I hereby assign and grant to Athletes Helping Athletes Foundation and Road Runner Sports the right and permission to copyright and/or publish any or all photographic portraits or pictures of me, letters from me and to include my name and the name of the city/town in which I reside (but not to include my street address), in which I may be included in whole or in part, in composite or other reproduction thereof, in color or otherwise, made through any media, for art, advertising, trade or any other lawful purpose whatsoever.

I hereby waive my right to inspect and/or approve the finished product, or the advertising copy that may be used in connection therewith.

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Parent Signature

Date