



FOXG1 MEDICAL PROVIDER TRAVEL FUND GRANT APPLICATION

The International FOXG1 Foundation's FOXG1 Medical Provider Travel Fun Grant will help defray travel costs to medical providers and/or specialty clinics with access to medical staff who understand and know FOXG1, and can assist families with the well being of their person with FOXG1.

To be eligible for consideration, the support being provided must be related to an individual with a confirmed diagnosis of FOXG1 Syndrome. To ensure the grant programs are able to assist as many individuals and families living with FOXG1 as possible, there is a limit of 1 grant, maximum \$500, per individual, per year. All funds will be disbursed via PayPal. Recipients are required to have or register for a PayPal account in order for the International FOXG1 Foundation to distribute funds.

We look forward to the possibility of working with your family. If you have any questions about this program or the application process, please contact us.

Sincerely,

The International FOXG1 Foundation Board of Directors and Executive Board

Application Instructions

Please complete the application in its entirety, missing information may delay processing. Please provide information, including Guardianship papers, (if applicable), receipts, formal letters, etc., regarding the need for FOXG1 Medical Provider Travel funding.

Applicant Information

Name of individual with FOXG1 _____

Name of Parent/Legal Guardian _____

Home Address _____

City, State, Zip _____

Phone (Home) _____ (Cell) _____

Email _____

Parent/Legal Guardian(s) Assurance: I/We stipulate that the information included in this Application is true to the best of my/our knowledge and abilities. Further, I/we understand that the presence of inaccurate information in this Application could result in re-evaluation or rejection of this application by the International FOXG1 Foundation.

Parent/Legal Guardian's Printed Name _____

Parent/Legal Guardian's Signature _____

Date (m/d/yy) _____

Request Information Detail

Describe the FOXG1 Medical Provider Travel Fund request(s) in detail and attach supporting documentation, including any anticipated costs related to travel, i.e. hotel costs, parking fees, etc..

Have you received assistance from the International FOXG1 Foundation's FOXG1 Medical Provider Travel Fund Grant in the past? If so, for what, and when?

RELEASE AND DISCLAIMER

The undersigned, by signing this form, agrees to and understands that this form includes a good faith waiving of certain valuable rights in exchange for the providing of medical provider travel fund and any and all other support or help received by the undersigned from, International FOXG1 Foundation, and all of their related entities, members, employees, officers and directors, attorneys, agents, successors and assigns (all collectively referred to as "IFF"). By signing this form the undersigned acknowledges that they are releasing IFF and other parties of liability for themselves, any of their natural minor children, or minor children in their legal guardianship. IFF is in no way endorsing or recommending a particular course of treatment and that all treatment decisions should be made by the child's physician and parents/guardians.

By my signature below, I certify that the information provided in this application is accurate and complete and I have answered all questions to the best of my knowledge and ability. I further authorize IFF and any of its authorized representatives to investigate any and all information contained in this application in order to verify the accuracy of same. I further realize that providing false information or misrepresenting the facts in this application is a serious matter and will be grounds for IFF to terminate any assistance agreement without notice and/or seek repayment of any and all amounts previously paid to any third parties or to me or my family by IFF pursuant to this application. I also agree to hold harmless and indemnify IFF, and its board members, officers,

employees and volunteers from any liability which may arise from investigation into the accuracy of the information presented in this application as well as any actions that are taken if information provided is not accurate.

PHOTO/MEDIA RELEASE:

I/we grant IFF, their officers, employees, agents, attorneys, successors and assigns, the right to use, reproduce, assign and/or distribute photographs, films, videotapes, DVDs, sound recordings, including any print, electronic, broadcast or other type of photo/media that is normally considered media in the business or trade, involving myself or any individual under my/our control for use in the materials that IFF and its affiliates, may compile and/or distribute. I/we fully understand that there will be no form of compensation for any such use.

_____ (initial)

RELEASE OF ALL CLAIMS (Liability Release):

I/we have read this form and are aware of and understand that in consideration of and in exchange for the right of myself or any minor child under my control to participate with IFF and I/we agree to indemnify and hold harmless, release and forever discharge, IFF and all their employees, officers and directors, attorneys, agents, successors and assigns from any and all actions, suits, claims, demands, judgments, damages and liability in law and in equity which may arise as a result of my/our participation with IFF, including costs, and reasonable attorney's fees. This release shall serve as a release not only of myself and any minors under my control but also to all heirs, executors, administrators, personal representatives, parents, guardians, and for all members of their family. As a parent or guardian signing for a minor it is agreed that I/we agree to these terms for the minor, for us individually, and as a parent or guardian. Any and all individuals signing this form acknowledge that IFF and its affiliates have relied upon the good faith execution and delivery of this form. The parties hereto signing this form assume the risk of any and all injuries, which may occur while participating with IFF.

_____ (initial)

I/we have read and understand this form, have had an opportunity to ask questions, have had the opportunity to consult an attorney of my/our own choosing, and freely agree to the terms as expressed in return for participation with IFF in their programs. No oral agreements, either prior to or after signing this agreement shall control over this written agreement.

Parent/Legal Guardian's Printed Name _____

Parent/Legal Guardian's Signature _____

Date(m/d/yy) _____