



# The Action for All Team Scholarship Rules

The Action for All Ski/Snowboard Team Scholarship will be awarded to applicant(s) (ages 7-17 years) in pursuit of joining a race or freeride team of their choosing, and contingent upon being selected for said team. For the selected winner, Action for All will award \$500 towards the team fee with emphasis on mastery of skiing/riding, participation in the extra-curricular activities, school organizations, and community service.

In addition to the application, two signed letters of recommendation must be attached. These letters must be from non-relatives who can best attest why you are deserving of the Action for All Team Scholarship. The deadline for the scholarship application is January 1 of each calendar year. Any applications received after this date will be considered on a funds-available basis. Please note that only completed applications will be considered. Please do not leave any portion of the application blank. If a section does not pertain to you, please mark N/A so that the panel will know that it was not unintentionally skipped.

In addition to your application, two signed letters of recommendation must be attached to this application. These letters must be from NON-Relatives and those that can best attest why are deserving of the Action for All Team Scholarship.

Essays must fully answer the questions to the best of the member's ability according to age and grade level.

Applicants will need to provide all equipment.

Candidate can email applications to [Scholarships@actionforall.org](mailto:Scholarships@actionforall.org)

## Action for All Corp Team Scholarships

Please fill out **COMPLETELY!**

Name: \_\_\_\_\_ Birthdate: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_

State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Gender: MALE FEMALE OTHER

Team Name/ Location: \_\_\_\_\_ Freeride Race

**List extra-curricular activities:**

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**School organizations:**

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**Community service:**

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**Essay Question: How has skiing/riding helped you to overcome adversity in your life? MOREOVER, if you are chosen for the scholarship how will you serve as an ambassador for not only Action for All but skiing/riding? (Fill out on separate Sheet)**

**Medical Information:**

Doctor Name: \_\_\_\_\_ Doctor Phone: \_\_\_\_\_

Does your family have health and/or accident insurance: \_\_\_ Yes \_\_\_ No

Serious Health Problems: \_\_\_ Yes \_\_\_ No If Yes, explain: \_\_\_\_\_

Medications: \_\_\_ Yes \_\_\_ No If Yes, explain: \_\_\_\_\_

Date Medical Info Received: \_\_\_\_\_

<b>PARENTAL INFORMATION (Mother/ Step-Mother)</b>	<b>PARENTAL INFORMATION (Father/Step-Father)</b>
Name: _____	Name: _____
Person Authorized to Pick-up Member: Y or N	Person Authorized to Pick-up Member: Y or N
Occupation: _____	Occupation: _____
Address H: _____	Address H: _____
Employer: _____	Employer: _____
Address W: _____	Address W: _____
Phone: _____ Type: _____	Phone: _____ Type: _____
Phone: _____ Type: _____	Phone: _____ Type: _____
Phone: _____ Type: _____	Phone: _____ Type: _____
Email: _____	Email: _____

<b>EMERGENCY CONTACT</b>	<b>EMERGENCY CONTACT</b>
Relationship to Member: _____	Relationship to Member: _____
Person Authorized to Pick-up Member: Y or N	Person Authorized to Pick-up Member: Y or N
Name: _____	Name: _____
Occupation: _____	Occupation: _____
Address H: _____	Address H: _____
Employer: _____	Employer: _____
Address W: _____	Address W: _____
Phone: _____ Type: _____	Phone: _____ Type: _____
Phone: _____ Type: _____	Phone: _____ Type: _____
Phone: _____ Type: _____	Phone: _____ Type: _____
Email: _____	Email: _____

**RELEASE OF LIABILITY  
READ CAREFULLY - THIS AFFECTS YOUR LEGAL RIGHTS**

In exchange for participation in the activity of Skateboarding, Snowboarding, Skiing, or any sports/ activity organized by Action For All, of 504 Locust Ave, Waynesboro, Virginia, 22980 and/or use of the property, facilities and services of Action For All, I agree for myself and (if applicable) for the members of my family, to the following:

1. I agree to observe and obey all posted rules and warnings, and further agree to follow any oral instructions or directions given by Action for All, or the employees, representatives or agents of Action for All.

2. I recognize that there are certain inherent risks associated with the above described activity and I assume full responsibility for personal injury to myself and (if applicable) my family members, and further release and discharge Action For All for injury, loss or damage arising out of my or my family's use of or presence upon the facilities of Action For All, whether caused by the fault of myself, my family, Action For All or other third parties.

3. I agree to indemnify and defend Action for All against all claims, causes of action, damages, judgments, costs or expenses, including attorney fees and other litigation costs, which may in any way arise from my or my family's use of or presence upon the facilities of Action For All.

4. I agree to pay for all damages to the facilities of Action for All caused by my or my family's negligent, reckless, or willful actions.

5. I, (name) \_\_\_\_\_ of (address) \_\_\_\_\_, (City) \_\_\_\_\_, Virginia (zip code) \_\_\_\_\_, consent to the participation of my (Relationship) \_\_\_\_\_, (name) \_\_\_\_\_, in the activity of Skateboarding, Snowboarding, Skiing, or any sports/ activity, and agree on behalf of the above minor to all of the terms and conditions of this Agreement. By signing this Release of Liability, I represent that I have legal authority over and custody of (name) \_\_\_\_\_.

6. Any legal or equitable claim that may arise from participation in the above shall be resolved under Virginia law.

7. I agree and acknowledge that I am under no pressure or duress to sign this Agreement and that I have been given a reasonable opportunity to review it before signing. I further agree and acknowledge that I am free to have my own legal counsel review this Agreement if I so desire. I further agree and acknowledge that Action for All has offered to refund any fees I have paid to use its facilities if I choose not to sign this Agreement.

8. This Agreement and each of its terms are the product of an arms' length negotiation between the Parties. In the event any ambiguity is found to exist in the interpretation of this Agreement, or any of its provisions, the Parties, and each of them, explicitly reject the application of any legal or equitable rule of interpretation which would lead to a construction either "for" or "against" a particular party based upon their status as the drafter of a specific term, language, or provision giving rise to such ambiguity.

9. The invalidity or unenforceability of any provision of this Agreement, whether standing alone or as applied to a particular occurrence or circumstance, shall not affect the validity or enforceability of any other provision of this Agreement or of any other applications of such provision, as the case may be, and such invalid or unenforceable provision shall be deemed not to be a part of this Agreement.

10. Any controversy or claim arising out of or relating to this contract, or the breach thereof, shall be settled by arbitration administered by the American Arbitration Association in accordance with its Commercial Arbitration Rules, and judgment on the award rendered by the arbitrator(s) may be entered in any court having jurisdiction thereof.

11. In case of an emergency, please call \_\_\_\_\_ (Relationship): \_\_\_\_\_ at \_\_\_\_\_ (Day), or \_\_\_\_\_ (Evening).

**I HAVE READ THIS DOCUMENT AND UNDERSTAND IT. I FURTHER UNDERSTAND THAT BY SIGNING THIS RELEASE, I VOLUNTARILY SURRENDER CERTAIN LEGAL RIGHTS.**

Dated: \_\_\_\_\_

Signature: \_\_\_\_\_