

Grant Application

Name		Telephone (____) _____ - _____	
Address		Email address	
Present Stage of Chronic Kidney Disease (please check) <ul style="list-style-type: none"> <input type="checkbox"/> Pre-Dialysis Clinic <input type="checkbox"/> Dialysis – Home PD <input type="checkbox"/> Dialysis – Home Hemo <input type="checkbox"/> Dialysis – Hospital <input type="checkbox"/> Kidney Transplant (Let’s Get Moving Classes) 		Please attach: <ul style="list-style-type: none"> <input type="checkbox"/> Physician and Patient Acknowledgement <input type="checkbox"/> Information Release Form <input type="checkbox"/> Assumption of Risk and Waiver of Liability <input type="checkbox"/> Social Worker letter <input type="checkbox"/> Quote for your activity or fitness equipment 	
What do you plan to do to get active? What kind of class or membership, what activity, how many times a week...? <i>Ex: bowling league, yoga, fitness class, gym membership, tai chi, dance classes, playing pool, skating, swimming classes, senior club activities, rowing, rock climbing, personal training, etc.</i>			
<input type="checkbox"/> Learn to Run Program - Get Ready for the Alive to Strive Race		<input type="checkbox"/> “Let’s Get Moving” group class <input type="checkbox"/> Tuesday/Thursday 2-3pm Starting month: _____	
What is the time period? <input type="checkbox"/> 3 months <input type="checkbox"/> 6 months (maximum) <input type="checkbox"/> Other _____	What is your funding request? \$ _____	Please check. <input type="checkbox"/> First application <input type="checkbox"/> Second application	
*Contact of your activity (please attach a quote from your provider): <i>Name of company:</i> _____ <i>Contact name:</i> _____ <i>position:</i> _____ <i>Address:</i> _____ <i>Phone number:</i> (____) _____ - _____			
Signature			Date
Submit to: Alive to Strive Kidney Fitness Project 90 George St. Suite 409 Ottawa ON K1N 0A8		<i>The Alive to Strive Kidney Fitness Project is committed to helping those living with chronic kidney disease maintain a healthy lifestyle.</i>	

Applicant's Name	Tel (____) _____-_____
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Physician Acknowledgement

I, the undersigned, am a Nephrologist at the Ottawa Hospital.

I am seeing _____ for care and treatment of chronic kidney disease. The patient's Gfr is _____ date _____.

- The patient is scheduled for a Living Donor transplant on _____.**
Grants are provided if the transplant is scheduled at least three months from the application.

On _____ (insert date), we discussed the patient's application for a grant from the Alive to Strive Kidney Fitness Project. We discussed the potential risks and benefits of weight loss and physical activities in general and specifically the program that this patient wishes to pursue. My patient's request in his/her application is appropriate and reasonable and I support my patient's participation in this activity program, if selected for a grant.

Nephrologist Name	
Signature	Date

The Alive to Strive Kidney Fitness Project is committed to helping those living with chronic kidney disease maintain a healthy lifestyle

Applicant's Name	Tel. (____) _____ - _____
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Assumption of Risk and Waiver of Liability

I, the undersigned, in consideration of the Alive to Strive Kidney Fitness Project, an Ontario non-profit organization,, providing me with a weight loss and/or fitness grant acknowledge that my participation in physical fitness activities entail known and unknown risks including but not limited to death, personal injury, and / or property damage to myself and / or others. Such harms could result from negligent and or non-negligent conduct by the Alive to Strive Kidney Fitness Project board of directors, representatives, volunteers, donors, sponsors and / or agents as well as slips, trips, falls, an or other such accidents / injuries which may occur before, during and /or after participation in the Alive to Strive Kidney Fitness Project grant program.

I agree to release from liability, hold harmless and not take legal action against:

- Alive to Strive Kidney Fitness Project Board of Directors, representatives, volunteers, donors, and/or agents and/or
- Any sponsor or contributor to the Alive to Strive Kidney Fitness Project, their Board of Directors, owners, employees, representatives, volunteers, or agents.

I agree to release the aforementioned persons from liability to me, my heirs, assigns or personal representatives for any losses, damages, claims or demands arising out of my or others death, injuries or damages, even if their individual or collective negligence contributes to such death, injuries or damages.

I certify to the Alive to Strive Kidney Fitness Project that I am eighteen (18) years of age or older or the legal guardian of the applicant, and have not been advised against participating in sports, physical fitness activities, training, or anything relating to physical activity by my treating physician. I freely and voluntarily assume complete personal responsibility for risk of death, injury or damage that may occur to me or others as a result of these risks. I realize that by voluntarily assuming the risks involved, I will be solely responsible for death, personal injury and / or property damage that I or others may sustain and waive my right to seek compensation from the aforementioned persons.

I have read and understood this Assumption of Risk and Waiver of Liability Agreement. My participation in the Alive to Strive Kidney Fitness Project and my execution of this agreement is voluntary and I do so in spite of the potential, known and unknown, risks.

Applicant's Signature or Parent/Legal Guardian

Date

Parent/Guardian/Applicant (if applicant is under 18):

Print First Name	Print Last Name
Print Street Address	Print City
Birth date: YYYY/MM/DD _____/_____/_____	Telephone

Name	Tel (____) _____ - _____
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Release of Information

I, the undersigned, hereby certify to the Alive to Strive Kidney Fitness Project, an Ontario non-profit organization, that I am eighteen (18) years of age or older and irrevocably consent to and grant the Alive to Strive Kidney Fitness Project, and or anyone authorized by the Alive to Strive Kidney Fitness Project, the right to use and / or reproduce my written story, any other written material regarding events or people in my life prepared by or on behalf of the Alive to Strive Kidney Fitness Project, and / or any and all photographs which I may provide to or may be taken by or on behalf of the Alive to Strive Kidney Fitness Project that contains my person, image or likeness for any lawful purpose whatsoever in connection with the Alive to Strive Kidney Fitness Project and its related programs and events. I have read and understood this Release agreement. My participation in the Alive to Strive Kidney Fitness Project and my execution of this agreement is voluntary.

- I would like to have a short biography on the Alive to Strive Kidney Fitness Project website (with or without picture)

Signature	Date
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