Grant Application

1. Name …….. DOB……..

2. Are you a low income earner? Y N……

3. Are you a US Military Veteran……..Branch of Service……..

4. Enrolment date…….. …Discharge Date…….Type of Discharge……..

5. Are you a Senior Citizen? Y N
6. If Yes, do you live in group housing or Assisted Living?. Y N .
7. Do you receive Social Security Income? Y N
8. Are you a Single Mom? Y N
9. Are you unemployed? Y N
10 Are You Disabled? Y N

SUBMIT (Any 5/10 qualifies Y for grant)

Congratulations! You qualify for the SEAO INTERALIA GRANT! Your registration is $100 for 5 sessions renewable and non-refundable.

Sorry based on your answers, you do not qualify for the SEAO INTERALIA GRANT!

Please acknowledge our Sponsors and Donors (List of Sponsors and Donors)

Complete Liability Waiver and Release form

I, ……acknowledge that is outdoor Mile4 Fitness training by SeaoInteralia involves, flexibility, aerobic, cardio and other exercises including the use of equipment, all of which can be potentially hazardous activities. I also acknowledge that all of which can be held outdoors, which carries additional risks including, but not limited to those caused by terrain, facilities, temperature, weather, environment, vehicular traffic, lack of hydration and actions of other people, including but not limited to, participants, pedestrians, spectators and instructors.

I am voluntarily agreeing to participate in the outdoor Mile4 Fitness training, and I hereby agree to expressly assume and accept any and all risk of injury, physical harm or death. I acknowledge and represent that I am physically sound and do not suffer from any illness, impairment, disease or other conditions that would prevent me from participating in the fitness training, performing any exercises or using any equipment.

In consideration of being allowed to participate in the outdoor training, I do hereby knowingly and voluntarily, on behalf of myself and my heir and assigns, forever waive, release, discharge and hold harmless SeaoInteralia, Corporation and its subsidiaries and affiliates, the Las Vegas City, City Clark County Parks and Recreation and members of the Clark County Parks and Recreation Board and each of their respective successors and assigns, individually and collectively, from any and all liability, damages, losses, suits, demands, causes of action (including, without limitation, negligence) or other claims of any nature whatsoever, including, without limitation, any loses for property damage, personal injury or death, arising out of or relating in any way to my participation in the outdoor training and its related programs and activities or my use of any facilities, equipment or machinery in connection with the Mile 4 Fitness training.

I hereby consent to receive medical treatment, which may be deemed advisable in the event of injury, accident, and/or illness during the training.

I represent and acknowledge that I have read and understand this Mile4 Fitness training Liability Waiver and Release. The invalidity, in whole or in part, of any portion of the above paragraphs will not affect the remainder of this form. My voluntary execution of this form evidences my agreement to the terms, provisions, waivers and releases as set above.

Signature /Initials……..

Print Name:…… ……..Date: ……