



REQUEST FOR ASSISTANCE

INTRODUCTION

Louie's Kids is a national organization providing assistance to kids who are overweight or obese and whose family cannot meet the financial challenge.

The organization was established by the Yuhasz family to honor their father, Louis S. Yuhasz, Jr., who died in January 2001 from obesity-related complications.

Unfortunately, there is no magic wand that will make the weight disappear and good health return. And Louie's Kids can't do the hard work it takes to lose weight; the kids have to do that themselves. But we can provide kids knowledge about what works for losing and controlling weight, and tools to use to get the job done. All we ask in return is that kids and their families commit themselves to leading healthy, active lives.

HOW WE CAN HELP

When you complete this Request for Assistance, we will assess the needs of the applicant and attempt to devise a plan of action. We'll likely enroll the applicant in an on-line and telephone counseling program and may assign a volunteer mentor to the child to provide motivation and support throughout the process. Our assistance might include getting the child started with a gym or health club membership, or sessions with a dietician or nutrition counselor.

WHAT WE EXPECT OF THE KIDS

We expect that kids receiving assistance from Louie's Kids will fully participate and be open to change in their lives. Change in their weight won't come without changing the way they eat, so if they're picky eaters who won't touch anything but pizza, they're not going to succeed. Change in their weight won't happen without a lot of sweat, so if they're not willing to exercise, we can't help them. And if the kids think they can lose the weight in a few weeks, then go back to eating the way they were and not exercising, they are mistaken; controlling their weight needs to be a lifelong commitment.

WHAT WE EXPECT OF THE PARENTS

The kids can't do this themselves. They are going to need the help of a parent every step of the way. It's the parent's role to make sure there are healthy foods for the kids to eat. It's the parent's role to help the kids set and meet goals. It's oftentimes the parent's role to play taxi-driver, making sure the kids get to the gym or to an appointment with a nutritionist. Most of all, it's the parent's role to provide the support and encouragement the kids will need to make a big change in their lives.

WHAT WE NEED

First things first: let's get the paperwork done. Then we'll fix the combination of "fixes" that fits the needs of the kid. Here's what we need:

1. Completed Application including student and parent signatures. Fax to 800-457-7497.
2. Child's Personal Statement (about 200 words). How can we help you? How does your weight currently affect your life? Are you committed to doing what it takes to change things?
3. Parent or Guardian's Statement (about 200 words). How will your child benefit from these programs? Can you provide the support the child will need to be successful?
4. Two Recommendations. You may ask teachers, adult relatives outside the immediate family, or other adult members of the community. These must be submitted with the application.



5. Confidential Statement from the child's primary care physician, family practitioner, or pediatrician recommending the need for a weight loss program to improve the health and well being of the child applying for assistance, **along with verified height and weight. *The statement from the child's doctor should also detail ANY AND ALL medications being prescribed for the child. Your child's most current weight must be clearly written on the Doctor's confidential statement. Many Doctor's office scales do not exceed 350 lbs. The actual weight of your son/daughter is required and without this information the application will be considered incomplete.***
6. Copies of the Parent(s)' Tax Return for the most recent year, to verify financial need.
7. Signed Consent Form following the application.



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Child's Name: _____ Male Female

Height: _____ Weight: _____ Birth Date: _____

Parent or Legal Guardian's Name: _____

Home Address: _____
Street City State Zip

Home Phone Number: _____ E-mail: _____

- I have read and understood that these programs require complete participation and sometimes-intense physical activity.
- I have read and understood that these programs provide a healthy diet designed by nutritionists who specialize in childhood obesity issues. I understand that my child will be expected to eat new, and healthy meals as part of these programs.
- I/We hereby release, waive, indemnify and hold Louis' Kids, Inc., and all of its officers, trustees, directors, employees, and agents (hereinafter jointly referred to as "indemnities") harmless from any and all claims, causes of action, suits, liability, losses, or damages for any property damage, property loss or theft, personal injury, death or other loss arising from or relating to the acceptance and use of the services of the Louie's Kids, Inc. I understand that Louie's Kids, Inc. does not carry participant insurance and that I will be solely responsible for any medical, health or personal injury costs relating to my use of the services of the Louie's Kids, Inc. I have been encouraged to have a medical physical examination and purchase health insurance prior to any and all participation.
- I/We authorize Louie's Kids to take and utilize the name, voice, photographs and/or videotapes or audiotapes of the child during the Program, without any compensation to Parent or the Child. Parent understands and agrees that these photographs and tapes of Child's acts, poses, plays, faces, person, likeness and appearance of any and all kinds and/or recording of voices may be used in preparing promotional literature or publicity and tapes for Louie's Kids in any medium. Parent waives his or her and Child's rights of publicity in connection therewith.

Child's Signature: _____ Date: _____

Parent/Guardian's Signature: _____ Date: _____

For Office Use Only:

- Completed Application with Signatures Child's Statement Parent's Statement
 Two Recommendations Physician's statement Copies of Parent(s)' W2 Form Consent Form

Date Completed Application Package Received and Received By: _____



**PARENT/GUARDIAN/STUDENT
CONSENT, WAIVER AND RELEASE FROM LIABILITY AGREEMENT FOR LOUIE'S KIDS™ PROGRAMS
("AGREEMENT")**

In consideration for _____ ("Student") being permitted to participate in _____ ("Program"), I, the Parent or Guardian of Student, individually and on behalf of themselves and their child / ward, agree as follows:

1. I acknowledge that participating in the Program and/or it's related activities often involves intense physical activity and an above-average risk of personal injury, especially given Student's weight. I voluntarily assume all risks associated with Student's participation in the Program. I represent and warrant that Student is in good health and has no physical conditions that affect Student's ability to participate in the Program. A medical practitioner has not advised me otherwise. I have been told I should have Student undertake a thorough and complete physical examination prior to participating in the Program.
2. I assume full responsibility for Student's participation and their risk of injury, even if arising from the negligence of those persons released from liability below (Releasees), which may not be reasonably foreseeable by anyone at any time, whether caused by the condition of the property, facilities, or equipment used during the Program including, without limitation, track/running/walking surfaces, weather conditions such as high heat and/or humidity, traffic and the condition of the road, and all other such risks being known and appreciated by me. I have instructed Student to refuse to participate or continue in the Program at anytime he/she feels unsafe or unable to physically continue. I assume all said risks associated with Student's participation in the Program and the risk of injury caused thereby. I understand that Louie's Kids, Inc. does not carry insurance and that I will be solely responsible for any medical, health or personal injury costs incurred by Student or me arising from participation in the Program. I have been encouraged to purchase health insurance prior to any and all participation.
3. I, on behalf of myself, Student, and our personal representatives, heirs and assigns, hereby fully and forever release, waive, discharge and covenant not to sue Louie's Kids, Inc., its employees, agents, officers, volunteers, and assigns, (collectively, "Releasees") on account of any and all loss(es), damage(s) and any and all claims or demand therefore, on account of any injury to me, Student or property, whether caused by the active or passive negligence of all or any of the Releasees or otherwise, in connection with Student's participation in the Program, except that which is as a result of gross negligence and/or wanton misconduct.
4. I give permission for Releasees to use my and Student's biography, name and likeness in connection with the Program, and also any publicity, advertising and promotion for the Program and future editions of the Program. I waive any right that I may have to inspect or approve any finished product that may be used in connection with the Program. I assign to Releasees all rights I may have to my and Student's biography, appearance, name, voice, photo, video or film likeness that have been captured in connection with the Program. I consent to have Student and I appear in broadcasts of the Program in perpetuity.
5. In connection with any injury or other medical conditions Student may experience during the Program, I consent for Student to be removed, if necessary, and authorize whatever medical treatment is deemed necessary by medical and Program personnel, in their discretion, to treat Student. I further agree that I will be fully responsible for payment of any and all medical services, ambulance transport service, and treatment rendered to Student.
6. I agree that this Agreement is intended to be as broad and inclusive as is permitted by the law of the State of South Carolina and that if any provision of this Agreement shall be found to be unlawful, void, or for any reason unenforceable, then that provision shall be deemed severable from this Agreement and shall not affect the validity and enforceability of any remaining provisions.



7. I also represent and warrant to Releasees that I am the parent or legal guardian of Student and have full legal authority to enter into this Agreement and complete this Program registration on behalf of Student and myself.

I HAVE READ THIS AGREEMENT, FULLY UNDERSTANDING ITS TERMS, AND UNDERSTAND THAT I HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT FOR STUDENT AND MYSELF AND SIGN IT FREELY AND VOLUNTARILY WITHOUT ANY INDUCEMENT.

Parent/Guardian

Date

Parent/ Guardian

Date

ACCEPTED BY:
"Releasees"

Louie's Kids, Inc.

Date