



NATIONAL KIDNEY  
FOUNDATION®

of Illinois

## NKFI Travel Scholarship – Commitment Form

Thank you for your interest in attending the Families Living with Kidney Disease and Transplantation on September 17, 2022, a program offered by the National Kidney Foundation of Illinois (NKFI). At NKFI, we offer a travel stipend to help cover some, if not all, of the travel expenses for each family. To request a travel stipend, please complete this form and return in to Mateo Solis Rueda, Programs Associate, at [mrueda@nkfi.org](mailto:mrueda@nkfi.org). If you have any questions, please contact Mateo Solis Rueda via email or call 312-321-1500.

**NKFI Event:** Families Living with Kidney Disease and Transplantation | **Date:** September 17, 2022

**Parent's  
Name(s):**

**Child's  
Name(s):**

**Address:**

**City/State/Zip:**

**Phone:**

**Email:**

**By signing the Waiver & Contract below, I state that I have read and understand the following:**

I have been granted a \$ \$300 stipend to help cover travel expenses to attend a National Kidney Foundation of Illinois program.

Program: Families Living with Kidney Disease and Transplantation

Date: September 17, 2022

Location: Brookfield Zoo, 8400 W 31<sup>st</sup> St, Brookfield, IL 60513

I understand that the National Kidney Foundation of Illinois (NKFI) will give me a stipend of \$ \$300, paid via check to be picked up at the program's date and location. I acknowledge that this travel stipend cannot be deferred. I understand that the funds raised and disseminated by NKFI are vital in supporting the NKFI's mission. I understand that if I do not attend the program, along with the indicated number of attendees on the NKFI Program Travel Stipend Commitment Form, I will not receive the full \$ \$300 travel stipend.

I also agree that I am solely responsible for my own health and safety, and the health and safety of all companion attendees. I agree, for myself, my heirs, executors and administrators, to not sue and to release, indemnify and hold harmless the National Kidney Foundation of Illinois, Inc., National Kidney Foundation, Inc., its affiliates, officers, directors, volunteers and employees, from any and all liability claims, demands, and causes of action whatsoever, arising out of my participation in this event and related activities including bus or vehicle transportation as provided by the program or its sponsors – whether it results from the negligence of any of the above or from any other cause.

This release and indemnification agreement shall be as broad and inclusive as is permitted by the State or Province in which the event is conducted. If any portion of it is held invalid, the balance shall continue in full force and effect.

I have read, understand and agree to the terms of this Agreement.

**Print Name:** \_\_\_\_\_

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

**Companion Attendees:** \_\_\_\_\_

**Date:** \_\_\_\_\_