



**DR. RON BATES MEMORIAL SCHOLARSHIP**

**Application Form**

**PLEASE PRINT CLEARLY**

**Applicant's Name** \_\_\_\_\_

**Street Address** \_\_\_\_\_ **Apartment #** \_\_\_\_\_

**City** \_\_\_\_\_ **State** \_\_\_\_\_ **Zip** \_\_\_\_\_

**Home Phone** ( ) \_\_\_\_\_ **Cell Phone** ( ) \_\_\_\_\_

**Email Address** \_\_\_\_\_

**Confirm at least 18 years old: Yes** \_\_\_\_\_ **No** \_\_\_\_\_

**SEE FULL REQUIREMENTS FOR APPLICATION UNDER ATTACHED OFFICIAL RULES**

**APPLICANT'S CHECKLIST OF ATTACHMENTS FOR THIS APPLICATION**

- One signed letter of recommendation
- Typed essay (see Official Rules for details)
- Completed waiver and release form authorizing use of my name, city of residence, photograph or likeness, if I am selected as the Scholarship recipient (form attached)

Applications are due no later than December 15, 2023 via email to [scholarship@camtc.org](mailto:scholarship@camtc.org). Incomplete applications will not be considered. CAMTC is not responsible for email submissions not received in a timely manner, whether due to applicant's email issues or CAMTC's email issues. All applications received after 11:59 p.m. on December 15, 2023 will be discarded and ineligible for consideration. In the event of a dispute as to any Submission, the authorized account holder of the email address used to apply for the Scholarship will be deemed to be the applicant. The "authorized account holder" is the natural person assigned an email address by an Internet access provider, online service provider or other organization responsible for assigning email addresses for the domain associated with the submitted address. Each applicant may be required to show proof of being an authorized account holder.

The Scholarship recipient, if not already an enrolled student in an approved massage program at the time their application is submitted, must provide proof of acceptance to or enrollment in an approved massage program by email to [scholarship@camtc.org](mailto:scholarship@camtc.org) no later than January 15, 2024.

**DR. RON BATES MEMORIAL SCHOLARSHIP**

**Authorization/Waiver and Release Form**

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

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

Street Address

City

State

Zip

Phone

Email

If selected as the Dr. Ron Bates Memorial Scholarship recipient/winner, I agree to the use of my name, city and state of residence, photograph or likeness, and any statements made by me (hereinafter collectively "my personal information") for advertising or publicity purposes and grant to the California Massage Therapy Council (CAMTC) any and all rights to said use without additional compensation. My signature below constitutes consent to irrevocably assign and transfer to CAMTC any and all rights, title and interest in the photo(s) and/or videos taken as part of this contest. I hereby assign to CAMTC the exclusive use of my original submission for a Scholarship in any and all advertising and promotional materials. By signing below, I understand and agree to all the terms and conditions for this Scholarship, including but not necessarily limited to the "Official Rules" document listed below and on the CAMTC website. I understand that the decisions of the judges on all matters regarding this Scholarship are final and I agree to the same.

I further agree not to sue, and unconditionally and irrevocably release and discharge CAMTC and its directors, officers, employees and agents, from and against any claim or cause of action for personal injury, wrongful death, emotional distress, or property damage that may occur arising out of my application for or use of this Scholarship and I hereby release CAMTC and its directors, officers, employees and agents from any liability for direct, indirect, punitive, incidental, consequential or other damages. This waiver and release applies to any losses, costs or expenses of any nature whatsoever, whether known or unknown, suspected or unsuspected, fixed or contingent, anticipated or unanticipated at the time of the execution of this waiver and release, including any information of any nature which, if known by me on the date of execution of this waiver and release, may have materially affected my decision to execute this waiver and release and specifically this waiver and release.

I am aware and understand that I may have rights under California Civil Code section 1542, which states as follows: "A general release does not extend to claims which the creditor does not know or suspect to exist in his or her favor at the time of executing the release, which if known by him or her must have materially affected his or her settlement with the debtor." I hereby knowingly and expressly waive any rights conferred under that code section, as well as any similar law of any state or territory of the United States.

\_\_\_\_\_  
Signature of Scholarship Applicant

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