



**WALLER COUNTY SENIOR CITIZEN HEALTH AND WELLNESS INITIATIVE  
APPLICATION FOR FUNDING**

<b>CONTACT INFORMATION</b>	
Name of Group	
Primary Contact Name	Primary Contact's Relationship to Group
Telephone Number	E-mail Address
<b>PROPOSED EVENT INFORMATION</b>	
Event Address	Event Date
Please provide a brief description of the event.	
Amount of Expected Attendance	Amount of Funding Requested
Will the event be open to the public?	Yes No
Will the event be seniors only?	Yes No
What will the funding be used for?	
Who will the funds be remitted to?	
<b>DISCLAIMER</b>	
<i>By submitting this application to Waller County, Texas, I agree to release, indemnify, and hold harmless Waller County, its officers, volunteers, agents, and employees from all claims of any kind, character, or description arising out of this funding request and any related event or programming, including but not limited to, claims attributable to the negligence of Waller County, its officers, volunteers, agents, or employees.</i>	
Signature	
Name	Date