



ASHOKA INNOVATORS FOR THE PUBLIC



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## LATHAM & WATKINS<sup>LLP</sup>

### Application for the Social Entrepreneurship Legal Clinic<sup>1</sup>

**Application deadline:** Please sign (1) this application, (2) the attached acknowledgement and waiver, and (3) the attached name, likeness, and image release, and submit all three signed documents by email in .pdf format to [soцентclinic@lw.com](mailto:soцентclinic@lw.com) by **5:00 PM on June 19, 2017**. Please note that we require the signed application and acknowledgement and waiver for participation in the clinic, but the name, likeness and image release is optional (though much appreciated).

**Clinic Time, Date and Location:** 9:30 AM to 12:00 PM on August 1, 2017 at Impact Hub DC, 419 7th Street NW, Third Floor, Washington, DC 20004.

If you are selected to participate in the clinic, more details on timing and location will follow.

Your name:	
Email address:	Telephone number:
Full legal name of your organization (e.g., Smith Enterprises, LLC):	
Full legal name of any other entity or entities affiliated with your organization, if applicable:	
Address of organization's principal office:	
Organization's website, if applicable:	
Summary of your organization's business activities (mission, geographic locations, services offered, etc. - please attach additional sheets if necessary):	

<sup>1</sup> Co-sponsored by Ashoka: Innovators for the Public, Impact Hub DC, the DC Bar Pro Bono Program and Latham & Watkins LLP.

**Summary of your organization's specific goals over the course of the next twelve months (please attach additional sheets if necessary):**

**Current legal entity or entities (check all that apply):**

In U.S.   Outside U.S.

- |                          |                          |   |
|--------------------------|--------------------------|---|
| <input type="checkbox"/> | <input type="checkbox"/> | Unincorporated  |
| <input type="checkbox"/> | <input type="checkbox"/> | Nonprofit corporation (please specify state of incorporation) _____   |
| <input type="checkbox"/> | <input type="checkbox"/> | For-profit entity (please specify precise type and jurisdiction of incorporation: e.g., a Delaware LLC, a New York corporation) _____ |
| <input type="checkbox"/> | <input type="checkbox"/> | Other (please specify) _____  |

**Main funding sources:**

**Approximate annual operating budget (in US\$):**

**Number of Staff:** \_\_\_\_\_

Employees: \_\_\_\_\_

Volunteers: \_\_\_\_\_

Other: \_\_\_\_\_

**Type(s) of legal service(s) requested:** (check all that apply)

Incorporation/legal entity formation & structuring

Contract review

Intellectual property (trademarks, copyrights, patents, trade secrets)

Internet-related issues

Labor/Employment

Corporate governance (board of directors issues, bylaws, conflicts, risk management, record retention policies, etc.)

Crowdfunding

Other \_\_\_\_\_

In addition to the above, please provide a detailed description of the nature of the legal services you are requesting (please attach additional sheets if necessary):<sup>2</sup>

Additional information: please attach any written documents such as the documents that detail the governance of your business entity, contracts or other information related to your request and list the documents you've attached here:

How did you hear about the Social Entrepreneurship Legal Clinic?:

Please email a signed .pdf copy of this application to [socentclinic@lw.com](mailto:socentclinic@lw.com).

Signature: \_\_\_\_\_  
Name: \_\_\_\_\_  
Title: \_\_\_\_\_  
Date: \_\_\_\_\_

**[Please continue to the Acknowledgment and Waiver and Name, Likeness, and Image Release on the following pages.]**

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<sup>2</sup> Please note that the Social Entrepreneurship Legal Clinic does not provide legal advice related to the 501(c)(3) tax-exempt status of a particular social enterprise, although we can discuss 501(c)(3) tax-exempt status generally. In addition, our attorneys will not be able to prepare legal documents during the two-hour Social Entrepreneurship Legal Clinic, but we are happy to read and discuss legal documents with you and advise on the preparation of legal documents by others.

## **Acknowledgement and Waiver for Social Entrepreneurship Legal Clinic**<sup>3</sup>

If you, the undersigned, are chosen as a participant in the Social Entrepreneurship Legal Clinic (the “Clinic”), we will do our best to provide advice regarding the legal issues described in the attached application. As part of your application, please read and agree to the following terms which clarify the scope of the Clinic:

- I. No attorney-client relationship exists between you (or your organization) and the Clinic attorneys.
- II. The Clinic is limited to giving brief general information or advice that must be viewed as preliminary. Clinic attorneys will not conduct legal or factual research about your legal problem, nor will they monitor your legal problem or inform you of any changes in the law that might affect your situation.
- III. The Clinic does not provide attorneys to represent you on a continuous basis in resolving your legal problem. The Clinic attorneys' services are limited to the consultation provided to you at the Clinic.
- IV. Latham & Watkins LLP, the law firm of the Clinic attorney you consult with, may have an existing conflict of interest in providing advice to you at the Clinic or such a conflict may arise in the future. Unless the Clinic attorney has actual knowledge that providing advice to you at the Clinic involves a conflict of interest for the Clinic attorney or the Clinic attorney's law firm, you agree to waive any such present or future conflict arising out of the matters discussed at the Clinic.
- V. The Clinic attorney may decline to advise you:
  - a. If the Clinic attorney has actual knowledge that providing advice to you involves a conflict of interest for the Clinic attorney or the Clinic attorney's law firm;
  - b. If your legal problems are too complicated and beyond the scope of the Clinic; or
  - c. For any other reason set forth in the applicable Rules of Professional Conduct as adopted by the District of Columbia Bar Association (the "Rules of Professional Conduct").
- VI. Any information you provide as a part of your application and/or during your participation in the Clinic, including the information provided in this request form plus any attachments, will be used to determine whether we will be able to provide *pro bono* legal assistance and, should you be accepted into the Clinic, to provide you with advice. We shall hold all such information in confidence.
- VII. You hereby agree that the Clinic shall have no liability to you, and that nothing in this Acknowledgement and Waiver shall be construed as a violation of Rule 1.8(g)(1) of the Rules of Professional Conduct.

I have read the terms under which the Clinic services shall be provided, and have signed below in acknowledgement of that understanding.

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

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

Title: \_\_\_\_\_

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

**Please email a signed .pdf copy of this form to [socentclinic@lw.com](mailto:socentclinic@lw.com).**

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## NAME, LIKENESS, AND IMAGE RELEASE

This document is a release, in which you give Latham & Watkins LLP (“we” or “us”) permission to take and use your picture. We are asking for this permission in connection with the Social Entrepreneurship Legal Clinic to be held at the coworking space of Impact Hub DC on August 1, 2017. However, we engage in a wide range of promotional activities, both internally and externally—including, for example, maintaining a Firm website, participating in certain social media, and publishing Annual Reviews and Pro Bono Annual Reviews. Sometimes we engage third party vendors to assist with those efforts. We do not know right now how those efforts will evolve over time, and given the size of our enterprise, it would be extremely difficult to revisit this issue every time a new promotional initiative is launched or a new technology developed. Accordingly, we are asking for your permission to use your picture generally, not just in connection with the purpose described above. You are free to withhold your permission if you would prefer not to appear in our promotional materials.

By signing below, you agree to the following:

1. **You give us your consent to take your photograph, and to use your name, likeness and/or image.**
  - a. **Permission to photograph.** You grant to us, and those acting for us with our authority and permission, the absolute right and permission to photograph, film and record (in any medium) your name, likeness, or image, including the right to use the same worldwide in any and all media, whether now known or hereafter devised, in whole or in part, in perpetuity, for any lawful purpose whatsoever without restriction.
  - b. **Permission to publish.** You also grants us a non-exclusive, irrevocable, worldwide, royalty-free license to reproduce, distribute, and publicly display your name, likeness, and image in any and all media, in any locale, in perpetuity, for any purpose whatsoever, without any compensation, save only that we shall not utilize these rights in any way to intentionally and maliciously subject you to ridicule or indignity. You agree not to sue us, or anyone who is acting for us with our authority and permission, for using your name, likeness, or image.
2. **You will not be paid for granting us any of the above rights.** You acknowledge that you will receive no royalties or other payments for our use of your name, likeness, or image. The consideration you shall receive in exchange for this release is the opportunity to have your image publicized, and you agree that this consideration is good and valuable to you, and sufficient to support this agreement.
3. **You are able to grant this Release.** You represent that you own all intellectual property rights that relate to your name, likeness, and image. You represent that you are 18 years of age or older and have the right to make this agreement, or you represent that the co-signer below is your parent or legal guardian who has the legal right to make this agreement on your behalf.

4. **We retain editorial control.** This agreement does not obligate us to use your name, likeness, or image in any manner. We retain the right to edit materials subject to this agreement.

Acknowledged and agreed:

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Signature of parent or guardian  
(If you are under 18 or otherwise unable to contract)

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Address

\_\_\_\_\_  
Address

\_\_\_\_\_  
Date

\_\_\_\_\_  
Date

**Please email a signed .pdf copy of this form to [socentclinic@lw.com](mailto:socentclinic@lw.com).**