



Go Baby Go! Program Application

Mission Statement

Variety - **The GoBabyGo! Program** provides modified toy ride-on cars to provide mobility & sociability for children with special needs.

Instructions

The submission of an application must include the following for consideration by Variety: a recent photo of the child and signed release forms. Variety's GoBabyGo! Program Committee reviews this information. Please Mail application with supporting documents to:

Variety of Greater Kansas City | P.O. Box 3446 | Shawnee, KS 66203, MO | (913) 558-2309

Date of Application: _____ Received by Variety: _____

Child's Name: _____ Child's Age and Birth Date: _____

Child's Height: _____ Child's Weight: _____

Who has legal custody of this child? (Name and relationship): _____

Address (home or agency where child resides): _____

Email Address of Parent/Guardian: _____

Phone Number: (Home) _____ (Work) _____ (Cell) _____

Email Address of PT/OT: _____ Phone: _____

Phone Number: (Home) _____ (Work) _____ (Cell) _____

Car will primarily be used at (check all that apply) Home School/Day Care Community

Medical Diagnosis/Nature of Disability: _____

Name of Person Completing Application: _____

Relation to Child: _____

Address: _____

Email Address: _____

Phone Number: (Home) _____ (Work) _____ (Cell) _____

If you receive a mobility gift from Variety would you be a part of an onsite presentation to show sponsors/donors the gift and opportunity to meet your child? Yes No

Will you participate in free Variety events offered to your family during the year? Yes No

Please tell us about your child, his/her situation and what a ride-on car would mean for your child and family: _____

Will you follow Variety on Facebook (/varietykc), Twitter (/varietykc) and Instagram (/varietychildrenschariety)?
 Yes No

Please list the names of a healthcare professional who have worked with your child and can verify the need for a ride-on car. We will not contact these individuals without your authorization.

NAME OF PROFESSIONAL & AGENCY

PHONE

OCCUPATION

NAME OF PROFESSIONAL & AGENCY	PHONE	OCCUPATION
_____	_____	_____
_____	_____	_____
_____	_____	_____

Please sign here if you consent to Variety's contacting the above named individuals to discuss your child's equipment needs: _____

Please provide a brief description of the child's situation and of the benefit the requested equipment will provide. Please indicate the family's ability and willingness to participate financially in the purchase.

Has the family ever received assistance from Variety in the past? _____

If so, when and in what form? _____

Please provide any additional information that might clarify your child's need for assisted technology and the family's inability to obtain these items. (Attach additional sheets where necessary.)



Release of Liability

In consideration of the receipt of certain assisted technology awarded by Variety - The Children's Charity's and Young Variety's **Assisted Technology Grant Program**, _____, (the Recipient thereof), him/herself or through his/her parent or legal guardian, hereby releases and forever discharges **Variety - The Children's Charity of Greater Kansas City, Variety -The Children's Charity International, and Variety - The Children's Charity of the United States, their members, employees and officers (hereafter collectively referred to as "Variety")** from and against any and all claims, of any type, which arise from or are related to:

- 1) any alleged malfunction of or defect in the enabling equipment;
- 2) any allegation that the enabling equipment was not appropriate or suitable for the Recipient;
- 3) any other matter, of any type, related, in any way, to the Recipient's receipt or use of the enabling equipment;
- 4) any lost or stolen enabling equipment.

Parent/Legal Guardian

Date

Parent/Legal Guardian

Date

(Signature is required of all legal guardians.)

I (We) stipulate that the information included in this application is true to the best of my (our) knowledge. Further, I (we) understand that the presence of inaccurate information in this application could result in the need for the re-evaluation of this application on the part of Variety - The Children's Charity of Greater Kansas City – Tent 8.

Parent/Legal Guardian

Date

Parent/Legal Guardian

Date

(Signature is required of all legal guardians.)



Disclaimer

The mission of Variety is to help purchase assistive technology and communication devices for children, 21 years of age and younger. Variety purchases the necessary equipment directly. The equipment we provide carries no warranty from Variety and its use, even in the event of malfunction resulting in injury, gives rise to no liability on the part of Variety. Variety is merely a funding source. Variety is in no way responsible for reclaiming, disposing of, maintaining or repairing equipment. It is the sole responsibility of the Recipient's legal guardian(s) to maintain, repair and/or dispose of the equipment. Any other costs that may be associated with the equipment such as installation, delivery, labor, disposal, etc. that are not explicitly stated on the application are the sole responsibility of the Recipient's legal guardian(s). This equipment will be obtained solely for the use of the child in need, and their communication and developmental purposes.

Before disbursement of any funds to purchase equipment, the legal guardian(s) of the Recipient must have this form signed, witnessed by a non-family member, and returned to Variety.

I _____
(Legal Guardian's Name) *(Legal Guardian's Signature)*

am the Legal Guardian of _____
(Recipient's Name printed)

I have read and fully understand and agree to the above Disclaimer.

I _____
(Legal Guardian's Name) *(Legal Guardian's Signature)*

am the Legal Guardian of _____.
(Recipient's Name printed)

I have read and fully understand and agree to the above Disclaimer.

This document has been witnessed by

_____ on this date _____.
(Name) (Date Signed)



Authorization to Use Name and Likeness

The Recipient and his/her parents or legal guardian hereby acknowledge and agree that acceptance of the assisted technology and communication devices from Variety may result in publicity. The Recipient and his/her parents or legal guardian hereby irrevocably authorize Variety and/or Rockhurst University: (a) to publicize and use the Recipient's likeness, voice and features, with or without his/her name, for any publication, promotion, trade or business use, or any other purpose; (b) to photograph, videotape, film and record each Recipient in any manner Variety chooses; (c) to copyright, convey or otherwise distribute, now or in the future, any such material involving the Recipient, his/her parents or legal guardian and that said material may be distributed to anyone, for any purpose, including the general public, magazines, newspapers, television, radio stations; (d) to publicize, now or in the future, the name of the Recipient including information regarding his/her physical condition and details regarding the enabling equipment received from Variety.

The Recipient and his/her parents or legal guardian agrees that it is not necessary for Variety or anyone else to contact them prior to releasing any information authorized by this document. The Recipient and his/her parents or legal guardian hereby releases Variety from and against any and all claims, of any type, which arise from or are related to Variety's use, distribution or disclosure of any photographs, films, videotapes, electronic recording or other information regarding the Recipient and the award from Variety.

Parent/Legal Guardian Date

Parent/Legal Guardian Date

*(Please note that your signature is not required on this form for the application to be considered by Variety - The Children's Charity. **However, we do require photos of your child with their awarded equipment.** Please note that we will only publish photos of children authorized by families signing this release form. Other photos will be kept confidential. However, these photos enhance our fundraising efforts to secure additional funding from corporate sponsors, individuals, and community foundations to help children with disabilities and to continue our programs. Thank you.)*

Please return to:

**Variety of Greater Kansas City
P.O. Box 3446 Shawnee, KS 66203**

ROCKHURST UNIVERSITY
Variety KC-Go Baby Go Agreement

In consideration of Rockhurst University providing the enabling equipment described herein, I, on behalf of myself, my children, my parents, my heirs, assigns, personal representatives and estate, hereby agree as follows:

1. I acknowledge that Rockhurst University, its faculty, and its students are modifying equipment for the Variety KC-Go Baby Go program, which includes modifying electric toy vehicles for use by children with disabilities (“Equipment”). I understand that the Equipment is a toy vehicle and not a medical device. I further acknowledge that use of the Equipment entails known and unanticipated risks. I understand that such risks simply cannot be eliminated.
2. I understand that Rockhurst University, its faculty, and its students are not agreeing to providing physical therapy or occupational therapy to the recipient of the Equipment.
3. I expressly agree and promise to accept and assume all of the risks existing with the Equipment. My acceptance of the Equipment is purely voluntary, and I have elected to accept it despite the risks.
4. **I hereby voluntarily release, waive, and forever discharge any and all claims of negligence against Rockhurst University, its trustees, employees, students, volunteers, participants, and all other persons or entities acting on its behalf (collectively, the “UNIVERSITY”) that relate in any way to the Equipment.**
5. I understand that the Equipment is provided “as is” and that the UNIVERSITY has effectively disclaimed any and all warranties, express or implied, related to the Equipment and any modifications thereto, including, but not limited to, warranties of merchantability and fitness for a particular purpose.
6. I hereby grant to UNIVERSITY an irrevocable authorization to publicize and use my or my child’s name and likeness, including information regarding his/her physical condition leading to the use of the Equipment, in any medium, now and in the future, for purposes of promoting the GoBabyGo program, the Equipment, or UNIVERSITY.

In the event that I file a lawsuit against UNIVERSITY, I agree to do so solely in the State of Missouri, and I further agree that the substantive law of Missouri shall apply without regard to conflict of law rules. I agree that if any portion of this Agreement is found to be void or unenforceable, the remaining portions shall remain in full force and effect.

By signing this document, I expressly state that I have had sufficient opportunity to read this entire Agreement.

I further certify that I have read and understood it, and I agree to be bound by its terms.

I further acknowledge that this document contains negligence waiver and warranty disclaimer provisions.

SIGNATURE OF ALL PARENTS/LEGAL GUARDIANS REQUIRED

Signature of Parent/Legal Guardian: _____

Print Name: _____

Address: _____

Phone: _____ Date: _____

Signature of Parent/Legal Guardian: _____

Print Name: _____

Address: _____

Phone: _____ Date: _____