

# Variety KC GoBabyGo! Application

## INSTRUCTIONS & MISSION STATEMENT

*This is the application to use if you are seeking a GoBabyGo! Ride-on car for your toddler.*

The Variety KC GoBabyGo! program provides modified toy ride-on cars to enhance mobility and sociability for young children with special needs. Our program serves children ages 6 months to 3 years of age within Kansas City and the surrounding areas. Variety KC's GoBabyGo! committee will review applications and will notify families via email for confirmation of GoBabyGo! participation.

All GoBabyGo! participants must be available for a 30-minute PT evaluation on one of the below dates. Time and location will be determined based on PT's availability.

**October 13, 14 or 20**

Participants must also be present for the GoBabyGo! Build Day which will be hosted on **November 11, 2023 from 12:30-2 PM** at the *IDEA Space KC, in Leawood, Kansas.*

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If you choose to download the PDF, please mail application with supporting documents to:

Variety of Greater Kansas City  
4050 Pennsylvania Ave  
Suite 115-77  
Kansas City, MO 64111

(913) 303-9886

### What You Need for this Application:

To submit this application, you must provide the following:

- Photo of child
- Letter from a professional or physician recommending the equipment
- Medical Insurance Provider and Insurance ID number, and Copy of Medical Insurance ID card
- Two paragraphs of information to be used for the Variety KC blog to educate our donors, community, and volunteers. This might be your child's story of how they are overcoming challenges and adversity, or simply things you want people to know about your amazing child. Please include how this equipment will enhance your child's life and your family's lives.
- Signed Release of Liability, Disclaimer, and Authorization to Use Name and Likeness
- Address all of the additional items required

**Date of Application**

**Child's Name**

First

Last

**Child's Age**

**Child's Birthday**

**Child's Height**

**Child's Weight**

**Photo of Child**

**Who has legal custody of the child?**

First

**Relationship to the Child**

Last

**Home or Agency where the child resides**

Address Line 1

Address Line 2

City

State

Zip Code

**Parent/Guardian Email**

**Home Phone**

**Work Phone**

**Cell Phone**

**PT/OT Name**

First

Last

**PT/OT Phone**

**PT/OT Email**

**Car will be primarily used:**

Home  School/Daycare

Community

**Medical Diagnosis/Nature of Disability**

**Name of person completing application (If different than above)**

First

Last

**Relationship to Child**

**Address**

Address Line 1

Address Line 2

City

State

Zip Code

**Email**

**Phone**

**What are your goals for the GBG car?**

**How much assistance does your child require for head control and sitting balance?**

**Would you be a part of an onsite presentation to show sponsors/donors the gift and opportunity to meet your child?**

Yes  No  Maybe

**Will you participate in free Variety events offered to your family during the year?**

Yes  No  Maybe

**Share two paragraphs of information to be used for the Variety KC blog to educate our donors, community, and volunteers. This might be your child's story of how they are overcoming challenges and adversity, or simply things you want people to know about your amazing child. Please include how this equipment will enhance your child's life and your family's lives.**

**Will you follow Variety on Facebook? [www.facebook.com/varietykc](http://www.facebook.com/varietykc)**

Yes  No  Maybe

**Will you follow Variety on Twitter? [@varietykc](https://twitter.com/varietykc)**

Yes  No  Maybe

**Will you follow Variety on Instagram? [@varietychildrenscharity](https://www.instagram.com/varietychildrenscharity)**

Yes  No  Maybe

## Healthcare Information

Please list the name of a healthcare professional who has 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 of Professional**

**Occupation of Professional**

First

Last

**Phone Number of Professional**

**Email of Professional**

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

First

Last

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

Yes  No  Maybe

**If so, when and in what form?**

**Please provide any additional information that might clarify your child's need for enabling equipment and the family's inability to obtain these items.**

**Letter from a professional or physician recommending the equipment**

**Medical Insurance Provider**

**Insurance ID number**

**Please attach copy of Medical Insurance ID card**

**Any additional documents?**

## **Release of Liability**

In consideration of the receipt of certain enabling equipment awarded by Variety - The Children's Charity, (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.

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.

## **Disclaimer**

The mission of Variety is to help purchase enabling equipment (wheelchairs, van lifts, house ramps, adaptive car seats & strollers, specially-equipped bicycles & tricycles, stairlifts and other items) and assistive technology and communication devices for children, 21 years of age and younger. 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). All installations of ramps, lifts, stair glides, electrical supplies, etc. must be in compliance with applicable building codes. Variety is in no way responsible for ensuring compliance with any codes.

**I am the Legal Guardian of this Child**

First

Last

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

First

Last

## **Authorization to Use Name and Likeness**

The Recipient and his/her parents or legal guardian hereby acknowledge and agree that acceptance of the enabling equipment (wheelchairs, van lifts, house ramps, adaptive car seats & strollers, specially-equipped bicycles & tricycles, stairlifts and other items) and assistive technology and communication devices from Variety may result in publicity. The Recipient and his/her parents or legal guardian hereby irrevocably authorize Variety: (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.

***(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.)***

**I have read and fully understand the Disclaimer above:**

First

Last

**Parent/Legal Guardian Name**

First

Last

**Parent/Legal Guardian Address**

Address Line 1

Address Line 2

City

State

Zip Code

**Parent/Legal Guardian Phone**

**Parent/Legal Guardian #2**

First

Last

**Parent/Legal Guardian #2 Address**

Address Line 1

Address Line 2

City

State

Zip Code

**Parent/Legal Guardian #2 Phone**