



VARIETY KIDS ON THE GO! PROGRAM APPLICATION

Your child's physical therapist, social worker or other professional who works closely with your child can help you fill out this application. Please mail the completed application and all items stated in the checklist to:

Variety - The Children's Charity of the U.S., 4601 Wilshire Blvd. Suite 260, Los Angeles, CA 90010

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Date: _____ Child's name: _____ Child's age and birth date: _____

Child's diagnosis: _____

Name of parent(s)/legal guardian(s) & relationship: _____

Parent/Guardian's e-mail address: _____

Parent/Guardian's phone numbers: Home _____ Work _____ Cell _____

Home address: _____

Name of person completing application: _____

Relation to child: _____

E-mail Address: _____

Phone number: Home _____ Work _____ Cell _____

Referred to Variety by: _____

Parent/guardian's occupation & place of employment: _____

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Household yearly income: _____ Number of dependents in the child's family: _____

Type of health insurance: _____

Has the family ever received assistance from Variety in the past? If so, when and in what form?

Please provide a brief description of the child's situation, the family's ability and willingness to participate financially in the purchase, and any other sources of financial assistance and the amount. Please feel free to attach additional pieces of paper if you need more room.

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.

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| <hr/> | <hr/> |
| Signature of Parent/Legal Guardian | Date |
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| Signature of Parent/Legal Guardian | Date |

KIDS ON THE GO! PROGRAM APPLICATION CHECKLIST

The following items must be included with your application. Please mail all items as one packet to the Variety office. If you have any questions or would like assistance from Variety in identifying durable equipment vendors, please call our office at 323.954.0820. Thank you for your interest in Variety Kids on the Go!.

- ☐ Letter(s) of verification from professionals (therapist, doctor, social worker) who are most familiar with your child's needs. This letter should clearly specify your child's needs for the equipment requested and benefits of use. Please include as much detail as possible and provide professional's e-mail address, phone number and mailing address.
- ☐ A prescription from the child's doctor with hospital name, phone number and mailing address.
- ☐ If you are requesting anything except a bicycle or tricycle, please provide copies of determinations from relevant insurance programs.
- ☐ Copy of most recent pay stub and/or any government financial aid documents.
- ☐ Two or three detailed, itemized quotes from suppliers that state the equipment, all additional components necessary to make the equipment a perfect fit for your child, and total cost. (*Variety can assist you in choosing a supplier*).
- ☐ Recent photo of the child
- ☐ *If funding is approved, we do require photographs of child with equipment within one month of project completion. Please submit via e-mail to erica@usvariety.org.*



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 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.

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| Parent/Legal Guardian | Date |
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| Parent/Legal Guardian | Date |
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(Signature is required of all legal guardians.)



Disclaimer

The mission of Variety is to help purchase enabling durable medical equipment (wheelchairs, van lifts, house ramps, adaptive car seats & strollers, specially-equipped bicycles & tricycles, bath equipment, 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.

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 enabling equipment (wheelchairs, van lifts, house ramps, adaptive car seats & strollers, specially-equipped bicycles & tricycles, bath equipment, 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.

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|--------------------------------|---------------|
| _____ 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.)*