



Create a Smile is a 501(c)(3), that provides custom-made gifts and experiences to children ages 2 - 22 battling cancer. Patients must be in treatment or in remission for one year. We do not provide financial gifts or payments towards bills or medical costs.

SMILE CHILD INFORMATION			
Name		Gender	DOB
Street Address			
City, State	Unit #	Zip Code	
Siblings(Names and ages)			
Mother's name	Father's Name		
Cell Phone #	Cell Phone #		
Email	Email		
MEDICAL INFORMATION			
Diagnosis	Diagnosis Date		
Expected Length of Treatment	Treating Hospital		
Social Worker	Signature		
Social Worker Email	Social Worker Phone #		
Physician Name	Signature		
OTHER INFORMATION			
Smile Child Website/ Social Media	Is the child able to verbalize what he/she wants?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Is this a RUSH gift? (Hospice)	Can we share your child's story, pictures/social media?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
HOW CAN WE CREATE A SMILE ON YOUR CHILD'S FACE? PLEASE EXPLAIN THE GIFT HE/SHE WANTS			
Option 1			
Option 1			

Parent/Guardian's Signature

Date

LIABILITY AND MEDIA RELEASE

I, _____, participant, recipient of services, and/or client of Create A Smile, also representing my family who will receive non-medical services (hereinafter “Gifts”) voluntarily sign this Liability Release (hereinafter the “Agreement”) in favor of Create A Smile, a not-for-profit 501(c)(3) organization, in consideration of the of the opportunity to avail myself and all individuals in my family of Create A Smile’s Gifts provided.

I understand that there are certain risks, dangers, and lack of privacy associated with any activity in which vendors and employees of a not-for-profit organization are involved and I fully understand these risks, dangers and potential lack of privacy. By accepting the Gifts of Create A Smile, I also accept the potential and risks, dangers and potential lack of privacy involved, and I fully assume the risk, danger, and lack of privacy, involved as acceptable to me and agree to use my best judgment in accepting any Gifts and follow all safety measures.

I, for myself and on behalf of my heirs, assigns personal representative, hereby release, indemnify, hold harmless, and promise not to sue, Create A Smile, their officers, volunteers, employees, agents, officers, and/or any other related participants, sponsors, advertisers, or the like, (collectively “the Released”) and agree to defend and indemnify the Release from any and all liability, including all claims, demands, causes of action, suits, judgments of any and every kind (including, but not limited to, attorneys’ fees, litigation expenses, and any special, consequential, indirect, or similar damages) with respect to any and all actual or anticipated injury, disability, death, loss, or damage to person or property that may arise from use of the Gifts granted, whether caused by negligence or misconduct, to the fullest extent permitted by law.

This Agreement is to be governed by the laws of the State of California. Any claim or cause of action arising under this Agreement must be brought in a State or Federal Court seated in the State of California, and must be brought within twelve (12) months following the date such claim or cause of action first arose. This Agreement is to be governed by the terms and conditions expressed herein. The title of this Agreement is solely for guidance purposes.

I certify that I have read this Agreement, fully understand its terms, understand that I have given up substantial rights by signing it, and agree hereto freely and voluntarily without inducement. Furthermore, by my signature, I represent that I am at least eighteen (18) years old.

Signature of Parent/Guardian

Date

PHOTO AND VIDEO RELEASE

I _____, parent or legal guardian of _____, hereby grant to Create A Smile (hereinafter “CAS”), a 501(c)(3) not-for-profit organization, its employees, agents, officers, legal representatives, successors, assigns, licensees, advertising agencies, and any and all persons or corporations acting on behalf of CAS, the irrevocable and unrestricted right to use, publish and republish, and copyright my performance, picture, portrait, photograph, sound and/or voice recording, or that of my family, child or members. This includes, but is not limited to, negatives, transparencies, prints, films, video, tapes, digital, social media, or any other registered medium or other information pertaining to my family, child, or family members, whether in whole or in part, and/or composite representations, in conjunction with my own or a fictitious name, including alterations, modifications, derivations and composites thereof, throughout the world of advertising, promotion trade, or any lawful purposes.

This right shall include, but not be limited to, the right to combine likeness with others and to alter my likeness, by digital means or otherwise, for the purpose of promoting CAS and any legal associated purpose.

_____(Initials) I waive any right to inspect or approve the finished product, including written copy that may be created in connection therewith or the use to which it may applied.

_____(Initials) I acknowledge that the photography session/or film or video production was conducted in a proper an professional manner, and this release was willingly signed at its termination.

_____(Initials) I affirm that I am over the age of majority and that I am fully able to contract in my own name without breach to any prior agreement or applicable law, including but not limited to prior agreements with modeling or talent agencies or any other person, company or entity.

By my signature below, I certify that I have read the above release and agreement prior to its execution, and fully understand the contents and consequences herein. This agreement shall be binding upon heirs, legal representatives and assigns. This document shall be governed by the laws of the State of California.

Signature of Parent/Guardian

Date

Submission Instructions

- Please scan & email completed application to info@createsmiles.org
- Application must be signed by treating physician **and** social worker
- All applications are screened for approval, requests are not guaranteed and subject to modification