



# 2024 Houston Children's Charity Children's Bed Application



Date of Application: \_\_\_\_\_ (Please PRINT Clearly)

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

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

### Waiver & Release of Liability, Assumption of Risk, and Indemnity Agreement

1. In return for being allowed to participate in ANY of Houston Children's Charity programs, including any activities incidental to such participation, I hereby voluntarily and knowingly agree to release, indemnify, defend, hold harmless, and covenant not to sue Houston Children's Charity, and its officers, directors, staff, employees, sub-contractors, sponsors, agents, volunteers, and affiliates for any and all liability, claims, costs, and causes of action, including, but not limited to, any claim arising out of the ordinary negligence of any of the foregoing, that may be made by me, my family, estate, heirs, or assigns for property damage, personal injury, or wrongful death that may be sustained by me arising as a result of my participation in program services offered by Houston Children's Charity, or while on the premises owned or leased by Houston Children's Charity.
2. I understand and agree that Houston Children's Charity is not responsible for any injury or property damage arising out of my participation in the program services, even if caused by Houston Children's Charity's ordinary negligence or otherwise. I understand that participation in the program services involves certain risks, including, but not limited to, serious injury and death. Therefore, I assume all risks, including, but not limited to, the risks associated with slipping, falling, tripping, shifting of heavy objects or furniture, loading or unloading vehicles, operation of equipment or tools, or sustaining any type of related injury in connection with my participation with Houston Children's Charity. I am voluntarily participating in the program services with knowledge of the danger involved and I agree to accept all risks of participation, even if arising from the negligence of others.
3. I am of legal age and am freely and voluntarily signing this agreement without any inducement, assurance, or guarantee being made to me and intend my signature to be a complete and unconditional release of all liability to the greatest extent allowed by law. I have read this WAIVER & RELEASE OF LIABILITY, ASSUMPTION OF RISK, AND INDEMNITY AGREEMENT and understand that by signing this form, I am giving up legal rights and remedies.

Initials: \_\_\_\_\_

Address: \_\_\_\_\_ Apt. Number: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

Home Phone:  Yes  No Number: \_\_\_\_\_ Rent Amount: \$ \_\_\_\_\_

Cell Phone:  Yes  No Number: \_\_\_\_\_ Landlord: \_\_\_\_\_

Work Phone:  Yes  No Number: \_\_\_\_\_ Extension: \_\_\_\_\_

Marital Status:  Married  Single Parent  Divorced  Separated  Living Together

Language:  English  Spanish How many children are in your Legal Custody? \_\_\_\_\_

What is your monthly household income, including any government assistance? \$ \_\_\_\_\_

**(To receive a twin bed for your child, the child must be between 4 and 18 years old. Maximum of 4 beds per family.)**

How many TWIN beds are you requesting? \_\_\_\_\_ Please list your children's information below:

Name \_\_\_\_\_ Age \_\_\_\_\_ Girl or Boy \_\_\_\_\_ Birth Date \_\_\_\_\_

Name \_\_\_\_\_ Age \_\_\_\_\_ Girl or Boy \_\_\_\_\_ Birth Date \_\_\_\_\_

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Name \_\_\_\_\_ Age \_\_\_\_\_ Girl or Boy \_\_\_\_\_ Birth Date \_\_\_\_\_

Please provide **ALL** of the following information and then check off that you have attached each item:

- A hand written letter stating your current situation
- A copy of each child's Birth Certificate OR proof of guardianship (**DO NOT SEND SOCIAL SECURITY CARDS**)
- A copy of your valid photo ID
- A copy of your most current electric bill or most current phone bill
- A copy of Food Stamps letter, Medicaid letter, or any other form of government assistance

*Note: Participation in this program is limited and will be filled on a first come, first served basis. Upon receipt of COMPLETE application and documentation, you will receive an appointment date within 30-60 days via mail or email. If your contact information changes (phone number or address), please call our office to update your information. By submitting this form you also agree to allow pictures of you and/or your children in any HCC publication.*

**By submitting this form you agree to HCC's Waiver & Release of Liability, Assumption of Risk, and Indemnity Agreement located on [houstonchildrenscharity.org/waiver/](http://houstonchildrenscharity.org/waiver/)**

*Please mail or fax this completed form along with copies of the required documents listed above to the following address:*

**INCOMPLETE and Walk-in applications WILL NOT be accepted.**

**Houston Children's Charity • 5151 Mitchelldale Street Ste. A4 Houston, TX 77092 • Phone (713)524-2878**