



## Brave Little Fighters Membership Form

Brave Little Fighters Foundation is excited to invite your family to join our Brave Litter Fighter Outings! The program invites children ages 4 through 18, with serious and chronic illnesses and their families, to attend special outings and events throughout the year. Brave Little Fighters plans the event; all you have to do is show up!

Please complete and return this form as soon as possible. The application process takes approximately 2 weeks. Once the form is processed, you will be added to our mailing list to receive information on upcoming events. If you have additional children with a medical condition that qualifies for Brave Little Fighters program, please fill out additional Membership Forms.

Child's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Medical challenge \_\_\_\_\_

## PARENT/GUARDIAN INFORMATION

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

Address:

\_\_\_\_\_

City, State Zip:

\_\_\_\_\_

County: \_\_\_\_\_

Home Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Facebook: \_\_\_\_\_

\*Please note: Brave Little Fighters Foundation uses e-mail as our primary form of contact. Therefore, it is important that you provide us with a working e-mail address in order to receive invitations to our events throughout the year. We will not send spam mail to your account.

HOUSEHOLD MEMBER INFORMATION Name (first and last)

Relationship to Child and Age:

\_\_\_\_\_ M/F

\_\_\_\_\_  
\_\_\_\_\_ M / F

\_\_\_\_\_  
\_\_\_\_\_ M / F

\_\_\_\_\_  
\_\_\_\_\_ M / F

Total # of members in household: \_\_\_\_\_ Number of children in household: \_\_\_\_\_

Number of adults in household: \_\_\_\_\_ Does anyone need wheelchair seating? \_\_\_\_\_  
How many? \_\_\_\_\_

REFERRAL SOURCE Name: \_\_\_\_\_

Title: \_\_\_\_\_

Hospital/Organization: \_\_\_\_\_

Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Date of Referral: \_\_\_\_\_

**Activities the Child is interested in as possible outings:**

*Please Circle:*

- \*Art Classes \*Cooking classes \*Darien Lake \*Bills games \*Sabres games
- \*Brave Little Fighters Parties \*Albright Knox outing \* Science Center outings
- \*Bandits Games \*Buffalo Zoo \*Botanical Gardens \* Help with Fund Raisers
- \*Spa Outings Any new ideas? \_\_\_\_\_

DEMOGRAPHIC INFORMATION (optional): Brave Little Fighters seeks sponsors to help fund the Brave Little Fighters Escapes program. Some of these sponsors are interested in some information about the families we serve. We do not collect this information as measures for acceptance into the Brave Little Fighters Escapes program, but it would help us secure funding from some sources. Do not feel obligated to answer the following questions.

Ethnicity: \_\_\_ Alaskan Native \_\_\_ American Indian \_\_\_ Asian \_\_\_ Black/African-American \_\_\_ Hispanic/Latino \_\_\_ Pacific Islander \_\_\_ White/Caucasian \_\_\_ Other \_\_\_ Choose not to answer

**Please return your completed application to:**

**Elizabeth Agnello, LMSW, 100-37 N. Lake Dr. Orchard Park, NY 14127**

**Email: [bravelittlefightersfoundation@gmail.com](mailto:bravelittlefightersfoundation@gmail.com); C- (716) 846-5129**

Brave Little Fighters Foundation is committed to protecting the privacy and the confidentiality of the personal information collected from our employees, families and volunteers. The information you provide will be used to deliver services and to keep you informed and up to date on the activities of Brave Little Fighters. For more information about Brave Little Fighters Foundation, please visit [www.Bravelittlefighters.org](http://www.Bravelittlefighters.org) or [www.facebook.com/bravelittlefighters](http://www.facebook.com/bravelittlefighters)

## **BRAVE LITTLE FIGHTERS FOUNDATION ESCAPES MEMBERSHIP AGREEMENT**

The following Agreement will remain in full force and effect and may be relied on Brave Little Fighters Foundation (“Brave Little Fighters”) and its Brave Little Fighter Outings until such time as I notify Brave Little Fighter Foundation in writing to the contrary:

1. Participation in Brave Little Fighters Escapes Events and Activities: I, as a participant in Brave Little Fighters Escapes or as a parent or legal guardian of a participant under 18 years of age, understand that participation in Brave Little Fighters Escapes events and activities is voluntary and any injuries that are sustained to my person and/or property, including but not limited to personal injuries, including death, theft and or damage to my property while participating in any and all activities associated with Brave Little Fighters Escapes, shall be my sole responsibility. If the undersigned is the parent or guardian of a minor child, the undersigned agrees to defend, indemnify and hold the Brave Little Fighters Foundation Releasees harmless from any failure of the child to fully comply with this Agreement or any attempt by any party to disaffirm or challenge this Agreement.
2. Permission to Disclose Medical Condition: I grant Brave Little Foundation the right to disclose the nature of me or my minor child/ward’s (as applicable) medical condition to the extent necessary or desirable in the preparation, fulfillment and execution of all activities associated with Brave Little Fighters Escapes.
3. Release, Waiver and Indemnity: The undersigned irrevocably, waives, releases and discharges any and all claims that the undersigned (and my child if the undersigned is a parent or guardian) now has/have or may, in the future, have against Brave Little Fighters Foundation, its affiliates and each of their respective officers, directors, members, employees, agents, representatives and their respective successors, or assigns (the “Brave Little

Fighters Releasees”), including any and all claims for damage or personal injury, whether or not caused by the negligence of any of them, arising out of or relating to this Agreement (including, without limitation, any participation in Brave Little Fighters Outings) or any related function, together with any costs, including attorneys’ fees, incurred as a result of such a claim (“Released Matters”). This release has been executed voluntarily and knowingly by the undersigned and extends to all claims against the Brave Little Fighters Releasees, whether or not known.

The undersigned agrees to indemnify and hold harmless the Brave Little Fighters Releasees against any and all claims, demands or causes of action that the undersigned (and my child if the undersigned is a parent or guardian) or any one or more of my or our executors, administrators, heirs, next of kin, successors, or assigns, or any third party, may assert that are in any way connected with the Released Matters, and against any costs and expenses, including attorneys’ fees, with respect thereto. Such indemnification will extend to any claim asserted by others against the undersigned (and my child if the undersigned is a parent or guardian) that also names the Brave Little Fighters Foundation Releasees.

4. Representations and Warranties: I, as a participant in Brave Little Fighters, or as a parent or legal guardian of a participant under 18 years of age, make the following representations and warranties to Brave Little Fighters:

- (a) I have made a true disclosure of my, or my minor child/ward’s (as applicable) medical condition to Brave Little Fighters;
- (b) I will notify Brave Little Fighters if and when my or my minor child/ward’s (as applicable) medical condition should deteriorate at any time prior to completion of participation in Brave Little Fighters Escapes events and activities;
- (c) I am carrying, or during the duration of Brave Little Fighters events or activities shall be carrying, full and adequate medical insurance, including any

additional coverage which may be required as a result of me or my minor child/ward's participating in Brave Little Fighters events and activities, or I assume the risk and personal responsibility of failing to carry adequate medical insurance;

(d) in requesting Brave Little Fighters allow myself or my minor child/ward to voluntarily participate in Brave Little Fighters events and activities, I am not relying upon nor have I received any counsel or advice from Brave Little Fighters with respect to the advisability of or the risks attendant to the Brave Little Fighters Escapes event or activity.

5. Governing Law: This Agreement shall be governed by the internal laws of New York without regard to conflict of law provisions.

6. Grant of Right of Publicity: In consideration of Brave little Fighters fulfillment of Brave Little Fighters Escapes events and activities, I, as a participant or as a parent or legal guardian of a participant under 18 years of age, together, and each of them individually, hereby irrevocably grant to Brave Little Fighters Foundation all rights of all kind and character whatsoever in all media and languages now known or hereafter devised throughout the universe in perpetuity to use me and my minor child/ward's, names, voices, photographs, biographies, and likenesses in such manner as Brave Little Fighter deems appropriate (including, but not limited to, advertising and promotion purposes).

7. Miscellaneous. This Agreement is binding on all heirs, executors, next of kin, successors, representatives, and assigns of each and all the parties hereto. This Agreement can only be modified by a writing signed by Brave Little Fighters.

**\*IMPORTANT:** BY SIGNING BELOW, I AFFIRM THAT I HAVE READ AND UNDERSTOOD THE FOREGOING AGREEMENT AND AGREE TO BE BOUND TO ITS TERMS.

Print Name/s of Child(ren) participating in Brave Little Fighters:

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

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

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

Signature Date (By Parent/Guardian, if minor.) Parent/Guardian: if you are signing on behalf of your child, sign your name, not your child's

\_\_\_\_\_ Print Parent/Guardian Name

\_\_\_\_\_ Signature of Parent/Guardian

\_\_\_\_\_ Date

I understand the tickets for the outings are special and very valuable. I will not accept tickets to events which I cannot attend.

If the case arises that you have taken the tickets and can't make it at the last minute, you must inform Elizabeth Agnello with at least 24 hours notice so that another Brave Family is able to use them: (716) 846-5129

I understand events are for Brave Little Fighters and for immediate family members, only.

Due to limited tickets which are donated for certain events, it is not possible to serve every family at every event.

Signature \_\_\_\_\_ Date: \_\_\_\_\_



