



Southampton Pink Bag Event® Application

Please complete, sign and return this form with *completed* application to:

GIApplications@ubcf.org or Fax: 1-877-822-4287

DEADLINE FOR SUBMISSION: May 16, 2019. Please note that your submission of an application is not a guarantee of acceptance. You will be notified by email if we accept your application.

I, _____ (name of applicant), understand that I am applying to participate in the UBCF gifts-in-kind giveaway which provides those affected by breast cancer the opportunity to receive donated household, linens, personal care items and/ or clothing to be held at Parish Memorial Hall on the grounds of Southampton Hospital, Southampton, NY on May 21, 2019.

I understand and agree the processing of my application to attend United Breast Cancer Foundation's (UBCF) Pink Bag Event® may take up to 7 (seven) business days. _____ (initials)

I understand and agree that I will be notified via email by a UBCF team member regarding the status of my application once it has been processed. _____ (initials)

I understand and agree that UBCF only accepts completed applications in 1 (one) email or fax, and only one per household. _____ (initials)

I have included a letter from my medical doctor explaining my connection with breast cancer. _____ (initials)

I understand and agree that UBCF will not accept incomplete or fraudulent applications. _____ (initials)

I understand and acknowledge that applications are processed and approved on a first come, first served basis, and by submitting my application I am not guaranteed to be approved. _____ (initials)

I understand that the event will take place on May 21, 2019 between 10:30 AM to 3 PM Parish Memorial Hall on the grounds of Southampton Hospital and that if approved I will be assigned an appointment (pick-up time) between the hours of 10:30 AM and 3 PM that cannot be changed. I will bring the approval and photo identification with me and show it as requested or, notwithstanding having been approved, I will not be allowed to participate. At the event I will comport myself properly and will follow the reasonable instructions of UBCF. _____ (initials)

NAME PRINT: _____ DATE: _____ APP # _____

NAME SIGN: _____ W/L# _____

Thank you for your interest in participating in
United Breast Cancer Foundation's Pink Bag Event®



Dear Applicant,

The United Breast Cancer Foundation (UBCF) is pleased to offer you the opportunity to receive donated household, linens, personal care, baby items and/ or clothing through our **Gift-In-Kind Program, Pink Bag Event®**. Please complete the below form to be considered for this donation. **REQUIRED: Attach to this application a letter from your Doctor on Doctor's letterhead stating your current health status. If you are in remission, include remission date.**

Full Name: _____ Address: _____
City: _____ State: _____ Zip code: _____ County: _____
E-mail address: _____ Phone # _____

Do you or a family member have breast cancer? YES NO

Are you or a family member in remission from breast cancer? YES NO

Total number in household: _____

Total number of children 18 years old or younger in household: _____

Total household income (salary, wages, social security, unemployment, alimony, child support, etc.): _____

How did you learn about this opportunity? _____

Why is this donation helpful to you (check all that apply):

1. I have breast cancer 2. I am a breast cancer survivor 3. Financial Hardship
4. Other: _____

Please share with us some words of gratitude: _____

Would you tell a friend about UBCF's programs? YES NO

Check here to acknowledge that you can pick-up your items on the delivery date.

Signature: _____ Date: _____

Sincerely,

United Breast Cancer Foundation

OFFICE USE:

Date of Service: _____ Value Received: \$ _____ Off-Site Code: _____

Release & Waiver
Deadline for submission: May 16, 2019.
Submit to GKApplications@ubcf.org or Fax: 1-877-822-4287
PLEASE WRITE CLEARLY

The United Breast Cancer Foundation ("UBCF") is providing the donated items listed in Exhibit A attached ("the Product") to _____ ("Grantee").

Grantee accepts the Product in "as is" condition. UBCF assumes no responsibility for the Product's present or future condition and Grantee holds harmless UBCF, as its related and affiliated individuals and donors, from any injury or liability which may occur directly or indirectly as a result of Grantee's use of the Product. UBCF is not the manufacturer of this Product. Grantee acknowledges that no representations are being made by UBCF as to the condition, use or maintenance of the Product. Grantee states that it has had the opportunity to inspect the Product and that Grantee believes that in its sole judgment that the Product is useful and acceptable to the Grantee. Grantee acknowledges that the Product may be in new or used condition.

Grantee guarantees that no goods, services or other benefits were exchanged in return for the Product. Grantee may not sell, trade, barter or otherwise distribute the Product to any other person or entity. Grantee shall utilize the Product solely for Grantee's personal use.

Grantee agrees to provide UBCF with a written or video testimonial regarding Grantee's personal experience with receiving this donation within sixty (60) days of receiving the Product. Testimonials may be mailed to UBCF, PO Box 2421, Huntington, NY, 11743, or emailed to GKProgram@ubcf.org and may be used by UBCF in any way it chooses in its sole discretion. Grantee hereby grants all required copyright rights and rights of privacy and publicity to UBCF to use the testimonials. Providing a testimonial is in no way a condition to being approved by UBCF to or actually receiving Product at the giveaway by the Grantee.

Grantee hereby fully releases, absolves, and holds harmless UBCF, its Directors, Officers, staff or Agents for any harm which arises out of the acceptance, use or eventual disposal of the Product. Grantee agrees that the Grantee shall indemnify and hold harmless UBCF, its Trustees, Directors, Officers, Administrators, Staff or Agents against all claims, suits, and all costs, expenses, and counsel fees incurred, which are based upon injuries, sickness, disease or death suffered by Grantee or by third parties caused in any manner by the Product, and/or arising in whole or in part from any negligent acts of Grantee, or the Grantee's agents, employees, directors, or family members in relation to said Product and/or its use. Grantee understands and agrees that once grantee signs this waiver and accepts the Product, UBCF is not responsible for the Product or any issues or claims related to the Product, the Grantee or any third party relating to the Product.

Grantee agrees that this release has been voluntarily executed and that the contents have been fully read and understood.

GRANTEE

Name Print: _____ **Date:** _____

Name Sign: _____ **Phone:** _____

Address: _____ **City:** _____ **ST:** _____ **Zip:** _____

County: _____ **E-mail:** _____

Exhibit A
Donated Product(s)
Quantity

Item Description

Manufacturer Serial Numbe

OFFICE USE:

Date of Service: _____ **Value Received: \$** _____ **Off-Site Code:** _____

IMAGE RELEASE

Deadline for submission: May 16, 2019.

Submit to GKApplications@ubcf.org or Fax: 1-877-822-4287

PLEASE WRITE CLEARLY

For good and valuable consideration, the receipt and sufficient of which I hereby acknowledge, I give and grant the United Breast Cancer Foundation (UBCF), and all those acting on its behalf, the absolute right and permission, with respect to the photographs and videos UBCF has taken of me and testimonials I have submitted to UBCF (the "Content"), to use the Content in connection with furthering the mission UBCF in any and all ways, formats and media UBCF determines in its sole discretion.

Please Check One:

- I give permission to UBCF to use the Content without restriction and to copyright all of it in UBCF's name.
- I give permission to UBCF to use the Content photo as long as it is not used for promotional materials.

I hereby release, discharge and agree to save UBCF, all those acting on its behalf and all those for whom UBCF is acting, from any and all claims and demands arising out of or in connection with the use of the photographs, including any and all claims for libel.

I am of legal age and have read the foregoing and fully understand the contents thereof.

Signature: _____ Date: _____

Name: _____ Phone#: _____

Address: _____

City, State, Zip: _____

E-mail address: _____

Office Use: _____