



Dear Family,

The mission of Hilton Head Heroes is to bring families with a child suffering from a life threatening illness to Hilton Head Island for a weeklong vacation. Eligible families are housed in the Hilton Head Hero House located in the Sea Pines Resort. We are a full 501©(3) organization governed by the Federal Government and subject to its rules and regulations. Volunteers donate countless hours to help make vacations possible for deserving families.

Enclosed is an application to apply for a Hilton Head Heroes vacation. We grant 50 vacation weeks annually with check-ins on Sunday afternoons at 4 pm and checkouts on Sunday mornings at 10am. Carefully review the materials in the package, particularly the guidelines to ensure that your family and child qualify for a Hero vacation. If you believe that your child meets the program criterion that is enclosed with this letter, please complete the pages of documents in their entirety to begin the admissions process, making sure the pages that require signatures and notary are completed in full. Remember to enclose a recent photo of your family with the application.

Once we receive the admissions packet and verify your information, your application will be submitted for approval. When approval occurs, you will be notified via email the date that you have been granted a Hero vacation. A working email address is required on your application. You will have seven days to agree to accept this date (via email or telephone). Your application and the adults on the vacation will be subject to a background check verifying your information and looking for felony convictions or criminal mischief towards children.

Please remember when applying for a Hero vacation that the summer months fill the quickest. Spring and fall are beautiful times on Hilton Head Island and outdoor activities are available year round. Please visit our website at www.hhheroes.com for photos of the accommodations provided at the Hero House. If you have further questions about the application process, please contact me directly at 843-422-6343 or lindyruss3027@aol.com.

Sincerely,

Lindy Russell
Admissions Director

General guidelines for a Hilton Head Hero vacation

The Hero child must be:

- 2-18 years of age.
- Diagnosed with an illness that will shorten their life span.
- (If a cancer patient in remission) Have been in active treatment sometime over the past 12 months.

First priority consideration:

- Current cancer patients in treatment.
- Patients diagnosed with a life threatening illness.
- Heart, lung and liver transplant patients who have undergone a transplant in the past 12 months.
- Patients with congenital birth defects and chronic illnesses such as Cystic Fibrosis, Muscular Dystrophy, Down's Syndrome and Sickle Cell Anemia are **not currently considered** for our program. However, some life threatening genetic disease patients will be reviewed on a case by case basis.

All Hero applicants must have:

- Doctor approval for patient travel (using the provided signed and witnessed Medical Approval Form).
- Parent(s) or legal guardian must have legal custody of the patient and other children on the Hero vacation, as well as the right to travel out of their state of residence.

Allowed traveling companions of the Hero child:

- Parents (a married couple) or legal guardians of the child.
- A single parent can request one other adult to accompany the family. An adult child (18 or older) family member will be considered as the additional adult.
- Only immediate family members are allowed on the vacation. Children not living in the household (and/or their children) are not allowed on the vacation.
- No other adults (Grandparents, cousins, aunts , uncles, etc.) will be allowed on the vacation unless they are the approved adult traveling with a single parent.

Hero Vacation Guidelines:

- No pets of any kind. No firearms, motorcycles or RVs allowed.
- No smoking in the House or on the House property.
- The Hero family will be responsible for providing their own transportation to and from the vacation. All applicants must be United States citizens or have legal residence status in the United States.



Hilton Head Hero Family Application 2019

Today's Date: _____ Child's Full Name: _____

Date of Birth: _____ Age: _____ Sex: _____ Grade: _____

Diagnosis: _____ Date of Diagnosis: _____

Circle One: Caucasian African American American Indian Hispanic Other: _____
_(Information used for Grant solicitation only)

Treatment for condition or illness to date:

Parent/Guardian Name(s): _____

Address: _____

City and State: _____ Zip: _____

Phone (home): (____) _____ Cell: (____) _____ Email: _____

Child lives with: _____

If you are not the biological parents of the Hero child, please state your relationship to the child:

Mother's Full Name: _____ Mother's Occupation: _____

Employer: _____ Employer Address: _____

Father's Full Name: _____ Father's Occupation: _____

Employer: _____ Employer Address: _____

Full Names and Ages of Siblings:

Please list your doctor or oncologist for us to contact to verify your information:

Doctor's name:

Name of Facility: _____ Email address: (required) _____

Doctor Phone: _____ Nurse or Supervisor: _____

Additional information on the patient:

Hero Family circle your answers and provide descriptions where indicated:

Do you require a wheelchair? Yes / No Crib: Yes / No Plastic Sheeting on Bed(s): Yes / No

List any concerns you may have for your Hero child's mobility during the trip:

Will you be required to have HOSPICE care during your trip? **Yes/No**

Does anyone in your family smoke cigarettes? Yes / No

Have you been to Hilton Head Island Before? Yes / No If yes when? _____

Have you been granted a vacation from another organization within the past two years?
Yes / No

If yes, please describe: _____

Please list four choices of dates for a Hilton Head Hero Vacation week.

Weeks are granted Sunday-to-Sunday.

We do not grant vacation weeks in January or February.

1. _____
2. _____
3. _____
4. _____



Referral Form

Please have your social worker/child care specialist/or primary doctor fill out this form for your family.

Name of Social Worker: _____

Name of Facility/Agency: _____

Address of Facility/Agency: _____

City, State and Zip Code: _____

Best contact phone number and time to reach you: () _____

Email address: **(required)** _____

Name of Patient: _____

Diagnosis: _____ Date of Diagnosis: _____

Name of Primary Doctor/Oncologist:

Describe the treatment schedule of this patient: _____

Financial needs of the family: _____

Please add additional information that might help us in the selection process. How might this vacation impact this family? (Use the back of form if needed).



Release of Liability

We the undersigned guardians of Hero Child,

Parents / Guardian Names:

In consideration of granting and or being involved in a Hilton Head Hero Vacation for our child/guardian, and provision of funds, goods or services of said Hilton Head Hero Vacation do hereby voluntarily assume all risks of accident or damage to ourselves and/or the person or the property of ourselves or minor children including the Hilton Head Hero child, siblings or other minors on the vacation accompanying the signed adults on this form. We do release, discharge and indemnify Hilton Head Heroes, Inc. (a 501©3 Non-profit) a South Carolina nonprofit corporation, its employers, employees, agents, board members, volunteers or associates from any claim, liability, or demand of any kind for on account of personal injury or damage of any kind sustained as a result of carrying out said Hilton Head Hero Vacation.

Existence of a Swimming Pool

The property at which I/we and the Hero child will reside during the vacation is One Spanish Moss in The Sea Pines Resort, contains a swimming pool. The existence of the pool on the said property may increase the risk of death or injury, increasing the risk of drowning or asphyxiation. I/we realize that the pool activities related may create additional risks during our Hilton Head Hero Vacation and assume all responsibilities for the care of the minor children as well as the Hero child that we bring on our Hero Vacation. We release, discharge and indemnify Hilton Head Heroes from any claim, liability or demand of any kind relating to the swimming pool and surrounding areas.

Signature of responsible parent/guardian:

Notary Signature: _____ **Date:** _____

Affix Notary Seal to this document



Medical Acknowledgement

As the physician for:

I,

_____ am familiar with the physical condition of the above named child. I am under the opinion that this child's illness is life threatening, or the quality of the child's life has been compromised. I am aware that this child and his/her family will be traveling to Hilton Head Island, South Carolina for a resort / beach vacation. In consideration of this Child's illness, I recommend approval of this vacation. I have supplied the family with the name of a doctor for emergency treatment and have explained the necessary care required for said child to participate in a Hilton Head Hero Vacation.

Date: _____ Diagnosis of Child: _____

Printed Name of Physician: _____

Complete Address of Physician: _____

WitnessSignature: _____

Printed Name of Witness: _____



Information Release Form

I / We _____

Hereby acknowledge and represent we are the parent(s) / guardian(s) of _____

I /We have not been promised anything by employees of Hilton Head Heroes, nor have we been given any counsel with respect to the risk involved with the vacation and it's activities. We will rely upon advice received by our physician for authorization to participate in the Hilton Head Hero Vacation. We are aware of the dangers of travel, participating in activities and being in the Hilton Head Hero House. We release all liability for injury, theft, or loss of property to the Hilton Head Heroes Organization.

We authorize Hilton Head Heroes, agents, volunteers, employees, officers, board members, hired photographers or news agents to photograph, film or record interviews with the above named child/parent(s)/guardian(s) should the need arise. Photographs may be used on the website, www.hhheroes.com, newspapers, magazine, advertising materials, television stations and other organizations that promote nonprofit organizations or generate the news to the general public. It is not necessary for Hilton Head heroes or any other organization to contact me / us prior to release of any of the above said information to the general public.

Date: _____ Signature: _____

Date: _____ Signature: _____

Signature of Notary: _____

Date: _____

Affix Seal to Document



Release of Liability for Boat Excursions

Hilton Head heroes, Vagabond Cruise Lines, Palmetto Bay Water Sports and The Yacht Club of Hilton Head Island are pleased to be able to offer the Hero family a boat excursion of varying types. It is understood that the intent of this excursion is to provide a short cruise / jet ski / boat trip / dolphin cruise on the waters surrounding Hilton Head Island. The cruise will be provided either / both by Vagabond Cruise Lines, Palmetto Bay Water Sports or volunteer members of The Yacht Club of Hilton Head Island. Vagabond Cruise Lines will use the S.S. Vagabond. Palmetto Bay Water Sports has jet skis for older children and their parents as well as day boats. The Yacht Club of Hilton Head Island (a not for profit yacht club) will use their own watercraft. The volunteer members of Vagabond Cruise Lines, Palmetto Bay Water Sports and The Yacht Club of Hilton Head Island will provide sufficient life vests for the passengers and warrant that their watercraft(s) is in sea worthy condition. It is solely the discretion of Vagabond Cruise Lines, Palmetto Bay Water Sports, and The Yacht Club of Hilton Head Island to deny boarding / use of their watercraft. Use of the watercraft and boat rides are given free by the businesses and it is their sole discretion as to when / where / time of use. I / We the undersigned parents, children and or other guardians of children do hereby acknowledge that Hilton Head Heroes, Vagabond Cruise Line, Palmetto Bay Water Sports and The Yacht Club of Hilton Head Island will not be held responsible for any injury or illness that might occur during one of the mentioned cruises, boat trips or boat excursions. By signing this form, you will release liability, discharge and indemnify Hilton Head Heroes, Vagabond Cruise Lines, Palmetto Bay Waters Sports and The Yacht Club of Hilton Head Island, any claim, liability or demand of any kind for or on account of any personal injury or damage of any kind sustained as a result of one of the boat excursions.

I have read this liability release and fully understand that I/we have given up substantial rights by signing it and sign it freely and without any inducement.

Hero Child's Name: _____

Name / Ages of Other Children on Trip: _____

Parent / Guardian Legal Signature: _____

Notary: _____ Date: _____

Seal:



Hilton Head Hero Child Questionnaire 2019

Hero Child's Name: _____

Nickname: _____

Age: ____ Sex: **M / F** Grade in school: _____ Date of Birth: _____

Brothers (names and ages): _____

Sisters (names and ages):

Pets: _____ Favorite activity: _____

Favorites

Color: _____ Sports Team: _____ Team Player: _____

Movie _____ Book: _____ Candy: _____

Who is your HERO? _____

Do you like the beach? ____ Can you Swim? _____ Fishing? _____

What is your favorite thing to do on the beach? _____

What is your best moment in your life? _____

Anything else you want us to know about you? _____

Please include a photo of yourself and your family with your application.