



Family Application Packet 2022

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 these vacations possible for deserving families.

Enclosed is an application to apply for a 2022 Hilton Head Heroes vacation. The scheduling dates for 2022 are the months of June, July and August only. Dates are Sunday to Sunday.

We are requiring all attendees on the Hero vacation week (ages 12 and up) to be vaccinated for the Covid 19 virus, and to sign a COVID release form upon acceptance of the vacation week.

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's 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 if a vacation date has been granted. A working email address is required on your application. You will have seven days to agree to accept this date (via email or telephone).

Please visit our website at www.hhheroes.com for photos of the accommodations provided at the Hero House. You can friend Hilton Head Heroes on FACEBOOK and follow us on INSTAGRAM. If you have further questions about the application process, please contact me directly at lindyruss3027@aol.com.

Sincerely,

Lindy Russell
Admissions Director



Who qualifies for a 2022 Hero Vacation? (Keep this information for your files do not return with your application.)

1. A child between the ages of 2-18 who has been diagnosed with an illness that will shorten their life span. Congenital birth defects or chronic illnesses such as Cystic Fibrosis, Muscular Dystrophy, Down's Syndrome and Sickle Cell Anemia are not included in our charter. However, some life-threatening genetic diseases will be viewed on a case-to-case basis and vacations granted if other conditions exist medically. Heart, Lung and Liver Transplant patients will be considered if they have been transplanted in the past 12 months. Cancer patients who are in remission will be considered if they have been in active treatment for the past 12 months. Cancer patients currently in treatment are given first priority.
2. A doctor must approve that the child is safe for travel by signing and having their signature witnessed on the Medical Acknowledgement form included in the Family Application Packet.
3. The adults(s) accompanying the HERO child on the vacation must have full legal custody of the HERO child as well the children accompanying them on the HERO vacation and be allowed to take them out of their state of residence.
4. Single parents **may** be granted one other adult to accompany them on the trip. However, if they have an adult child traveling with them (18 or older) this will be considered the additional adult. Vacations are for immediate family members only. Children not living in the household and/or their children are not part of the HERO vacation. HERO vacations are to include biological children under the age of 18 living in the home. Grandparents will not be allowed to come on a HERO vacation unless they qualify as one of the adults accompanying the HERO child. Fiancé's, boyfriends and live in friends are subject to the criminal background checks and approval by the administration on a case to case basis.
6. Please note the HERO House is a non-smoking environment, no pets of any kind are allowed in the Hero House or on the grounds. Firearms are not permitted in the HERO House. Motorcycles and R.V. vehicles are also not allowed. One car is allowed per family. The Hero family must abide by the rules of the Sea Pines Resort. The Hero family must provide their own transportation to and from the HERO House and a car to use while on their vacation.
7. All applicants must be a citizen(s) of the United States of America or have legally obtained status to reside in our country.
8. Starting January 2022, all attendees 12 or over on a Hero vacation must be vaccinated for the Covid 19 Virus.



Hilton Head Hero Family Application 2022

(please print clearly)

Date of Application: _____

Child's Full Name: _____

Date of Birth: _____ Age: _____ Gender: _____ Grade in school: _____

Diagnosis: _____ Date of Diagnosis: _____

Circle One: Caucasian African American American Indian Hispanic Other
(used for grant purposes only)

Treatment for condition or illness to date: _____

Parent/Guardian Name(s): _____

Address: _____

City and State: _____ Zip: _____

Phone (home): (____) _____

Cell: MOM: _____

Cell: DAD _____

Email: _____ **(required)**

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: _____

Employer Contact name: _____ Phone Number: _____

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

Employer: _____ Employer Address: _____

Employer Contact name: _____ Phone Number: _____

Full legal names, gender and ages of siblings who will be on the Hero vacation.



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

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? 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: _____

How did you hear about the Hilton Head Heroes Program?

Please list three choices of dates for a Hilton Head Hero Vacation week.
weeks are granted Sunday- 4 pm check in -to-Sunday 10 am check out.
2022/Weeks available in June, July August only

1. _____

2. _____

3. _____



Referral Form 2022

(Please have your social worker fill out this form.)

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: _____

Describe the child's treatment to date: _____

Financial needs of the family: _____

Please add additional information that might help us in the selection process.



Release of Liability 2022

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 (C) (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 2022

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: _____

Signature of Physician: _____

Complete Address of Physician: _____

Witness Signature: _____

Printed Name of Witness: _____

Please attach a recent family photo to this page.



Information Release Form 2022

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 its 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 2022

Hilton Head Heroes, Vagabond Cruise Lines, SeaFari Shelter Cove Marina 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 or dolphin cruise on the waters surrounding Hilton Head Island. The cruise will be provided either / both by Vagabond Cruise Lines, SeaFari of Shelter Cove Water Sports, or volunteer members of The Yacht Club of Hilton Head Island. Vagabond Cruise Lines will use the S.S. Vagabond. SeaFari offers dolphin cruises out of the Shelter Cove Marina, 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, SeaFari Shelter Cove and The Yacht Club of Hilton Head Island will provide sufficient life vests for the passengers and warrant that their watercraft(s) is in seaworthy condition. It is solely the discretion of Vagabond Cruise Lines, SeaFari of Shelter Cove, and The Yacht Club of Hilton Head Island to deny boarding or 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, Seafari of Shelter Cove Marina 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, SeaFari of Shelter Cove Maria 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 2022

(Please fill out with your child)

Hero Child's Name: _____

Nickname: _____

Age: _____ Gender: _____ Grade in school: _____

Date of Birth: _____

Brothers (names and ages): _____

Sisters (names and ages): _____

Pets: _____

Favorites

Color: _____ Sports Team: _____ Team Player: _____

Movie _____ Book: _____ Candy: _____

Who is your HERO? _____

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

What is the best moment in your life? _____

Anything else you want us to know about you? _____



COVID-19 LIABILITY WAIVER

The World Health Organization has declared the novel Coronavirus (COVID-19) a worldwide pandemic. Due to its capacity to transmit from person-to-person through respiratory droplets, the government has set recommendations, guidelines, and some prohibitions which Hilton Head Heroes a 501(C)(3) organization adheres to comply.

In consideration of my participation in the foregoing, the undersigned acknowledge and agree to the following:

- I am aware of the existence of the risk on my physical appearance to the venue and my participation to the activity of the Organization that may cause injury or illness such as, but not limited to Influenza, MRSA, or COVID-19 that may lead to paralysis or death.
- I have not experienced symptoms that of fever, fatigue, difficulty in breathing, or dry cough or exhibiting any other symptoms relating to COVID-19 or any communicable disease within the last 14 days.
- I have not, nor any member(s) of my household, traveled by sea or by air, internationally within the past 30 days. I did not, nor any member of my household, visit any any area within the United States that was reported to be highly affected by COVID-19, in the last 30 days.
- I have not been, nor any member(s) of my household, diagnosed to be infected of COVID-19 virus within the last 30 days.

Following the pronouncements above I hereby declare the following:

- I am fully and personally responsible for my own safety and actions while and during may participation and I recognize that I may be in any case be at risk of contracting COVID-19.
- With full knowledge of the risks involved, I hereby release, waive, discharge the Organization, its board, officers, independent contractors, affiliates, employees, representatives, successors, and assigns from any and all liabilities, claims, demands, actions, and causes of action whatsoever, directly or indirectly arising out of or related to any loss, damage, injury, or death, that may be sustained by me related to COVID-19 while participating in any activity while in, on, or around the premises or while using the facilities that may lead to unintentional exposure or harm due to COVID-19.
- I agree to indemnify, defend, and hold harmless the Organization from and against any and all costs, expenses, damages, lawsuits, and/or liabilities or claims arising whether directly or indirectly from or related to any and all claims made by or against any of the released party due to injury, loss, or death from or related to COVID-19.

By signing below I acknowledge that I have read the foregoing Liability Release Waiver and understand its contents; that I am at least eighteen (18) years old and fully competent to give my consent; That I have been sufficiently informed of the risks involved and give my voluntary consent in signing it as my own free act and deed; that I give my voluntary consent in signing this Liability Release Waiver as my own free act and deed with full intention to be bound by the same, and free from any inducement or representation. This waiver will remain effective until laws and mandates relevant to COVID-19 are lifted.

Name of Parent/ Guardians of Hero Child

Date

Signature