



**Boston
Children's
Hospital**

**community
fundraisers**

Application

Contact Information:

Prefix: _____

First Name: _____

Middle Name: _____

Last Name: _____

Suffix: _____

Gender: _____

Date of Birth: _____

Preferred Phone: _____

Fax Number: _____

Mailing Address:

Address 1: _____

Address 2: _____

Address 3: _____

City: _____

State: _____

Zip: _____

Province: _____

Country: _____

Email Address: _____

Fundraiser Information:

Event Name: _____

Event Details:

Event Start Date: _____

Event Ending Date: _____

Location: _____

Address Line 1: _____

Address Line 2: _____

City: _____

State: _____

Zip: _____

Event Details:

Total estimated costs: _____

Fundraising goal: _____

Costs will be paid: By the organizing group or Out of proceeds

Boston Children's will receive funds by: _____

Please indicate where your funds should go: _____

Community Fundraiser Waiver

Boston Children’s Hospital Trust must pre-approve all fundraising events (“Events”) conducted on behalf of Boston Children’s Hospital. Once approved, the Trust will send a letter to the organizer of the Event (“the Organizer”) approving the Event. The Organizer must carry out the Event in accordance with the terms approved. Notwithstanding such approval, any Event material, advertisement, or other public media that proposes to use the Boston Children’s Hospital name and/or logo must be approved in advance in writing and must conform to the Boston Children’s Hospital guidelines.

Organizers agree to assume all responsibility for any and all risk of damage, injury, or financial loss that may occur to participants or Organizers in the course of any activities during the Event or carried out in connection with the Event. In consideration of applying for and being approved for this Event, the Organizers hereby, for themselves, their heirs, executors and administrators, release, and discharge Boston Children’s Hospital, their employees, volunteers, consultants, and affiliates from all claims, damages, rights of action, present or future, whether the same be known, anticipated or unanticipated, resulting from or arising out of, or in incident to, preparation for and participation in the Event.

The Organizers further agree to have signed by the relevant parties and timely file any Agreements, Waivers, Releases, or Acknowledgements as required to comply with Massachusetts and Federal law. This includes any Forms relevant to “Professional Fundraisers” if Organizers qualify under that term as defined by M.G.L. c. 68, s. 18. Organizers acknowledge the need to protect financial and personal information of donors and agree to comply with Massachusetts regulation 201 CMR 17.00 which requires certain measures be taken to protect such information.

In the course of preparing for or carrying out the Event, the Organizers agree to provide updates to Boston Children’s Hospital as requested. The Organizers agree to provide any back-up documentation in connection with the gifts or proceeds that Boston Children’s may request – including but not limited to the bank account affiliated with the Event. The Organizers agree to provide any records, reports, or portrayals of the Event – including but not limited to video footage, photographs, or newspaper articles – upon request by Boston Children’s Hospital, and agree to respect any request to edit such material when Boston Children’s Hospital deems appropriate.

Under no circumstances may an Organizer or any individual associated with the Organizer retain any portion of Event proceeds. Within 30 days of completion of the Event the Organizer will send all proceeds from the Event to:

Boston Children’s Hospital Trust
Community Fundraising
401 Park Drive, Suite 602
Boston, MA 02215

For more information or clarifications of any terms or conditions herein, please contact events@chtrust.org.

Date

Signature