



GOLD RUSH CURE .ORG



Dear Patient Parent:

Our team at Gold Rush Cure Foundation wants to support your child through our **Pot of Gold Program**. Regardless of what stage of treatment they are in, we know this is a difficult time in their life and they deserve an opportunity to celebrate their courage and feel the support of their community. It would be an honor to gift your child with a **Pot of Gold**.

The Pot of Gold is meant to give joy and encouragement to your child, and let them know that people care. The gift is to be a **SURPRISE for your child, so please don't tell them about it!**

The Pot of Gold is custom made for each child/teen (age birth to 20) and filled with special gifts they want or have desired. The delivery will be a memorable experience orchestrated by our volunteers for your child/teen and family. It usually takes a month or more to fulfill a Pot of Gold request and may be extended if certain items take longer or volunteers are not available. GRCF only allows one request per child.

Please complete the Pot of Gold request form in detail (please include item numbers from website(s) if possible to help us find the correct items), then attach and submit it to your social worker/child life specialist.

Attached to the request form is a photo release form and we ask that you accept this to allow us to take and post Pot of Gold delivery photos on the GRCF website and social media. If you decline this release it will not impact your Pot of Gold request approval.

We look forward to this opportunity and will be in contact soon.

Sincerely,

Sandy Barker
President/Co-Founder
Gold Rush Cure Foundation
27671 Rosebud Way
Laguna Niguel, CA 92677
Phone: 949-296-5444
Email: sandy@goldrushcure.org



Hospital: _____

Date Received: _____

Date Delivered: _____

Request Form

ONLY ONE REQUEST PER CHILD

SHHHH...PLEASE KEEP THIS A SECRET FROM YOUR CHILD!!

Date: _____

Child's Full Name: _____

Child's Age: _____ Gender: _____

City & State _____

Cancer Diagnosis: _____

Treatment Hospital: _____

Social Worker/Child Life Specialist's name and contact info: _____

Parents names	
Parent phone # and e-mail	
Siblings age/ first names	
Caringbridge or Facebook page	
Child's favorite color	
Child's favorite sports team, character, superhero, etc.	
Child's interests/hobbies	
Child's favorite snacks	
Child's favorite places to shop	
Child's favorite places to eat	

****Top 5 (or more) specific items on the child's wish list. Include model numbers, brands, color, other specifics. TOTAL VALUE NOT TO EXCEED \$500**

1.

2.

3.

4.

5.

6.

7.

POT OF GOLD DELIVERY PHOTO/VIDEO RELEASE

For good and valuable consideration, the receipt of which is hereby acknowledged, I, _____, and for my child or children, hereby grant Gold Rush Cure Foundation permission to use my or my child's/children's likeness in a photograph/video in any and all of its publications, including but not limited to all of Gold Rush Cure Foundation's printed and digital publications. I understand and agree that any photograph using my likeness will become property of Gold Rush Cure Foundation.

I acknowledge that since my participation with Gold Rush Cure Foundation is voluntary, I will receive no financial compensation.

I hereby irrevocably authorize Gold Rush Cure Foundation to edit, alter, copy, exhibit, publish or distribute this photo(s) for purposes of publicizing Gold Rush Cure Foundation's programs or for any other related, lawful purpose. In addition, I waive the right to inspect or approve the finished product, including written or electronic copy, wherein my or my child's/children's likeness appears. Additionally, I waive any right to royalties or other compensation arising or related to the use of the photograph(s).

I (on behalf of my child/children) hereby hold harmless and release and forever discharge Gold Rush Cure Foundation from all claims, demands, and causes of action which I, my heirs, representatives, executors, administrators, or any other persons acting on my behalf or on behalf of my estate have or may have by reason of this authorization.

Please check the appropriate box:

I **agree** completely to the waiver, release, consent as outlined above.

I **disagree** with the waiver, release, consent as outlined above and choose to have no photos released to Gold Rush Cure Foundation – my request will still move forward regardless.

Parent/Guardian Printed Name: _____

Childs Name: _____

Signature: _____ Date: _____

Email: _____ Phone#: _____