

2023 Echo Children's Charity Back2School Request Form

Date of Application: _____ (Please PRINT Clearly)

Name: _____

Spouse Name: _____

Waiver & Release of Liability, Assumption of Risk, and Indemnity Agreement

1. In return for being allowed to participate in ANY of Echo Children's Charity programs, including any activities incidental to such participation, I hereby voluntarily and knowingly agree to release, indemnify, defend, hold harmless, and covenant not to sue Echo Children's Charity, and its officers, directors, staff, employees, sub-contractors, sponsors, agents, volunteers, and affiliates for any and all liability, claims, costs, and causes of action, including, but not limited to, any claim arising out of the ordinary negligence of any of the foregoing, that may be made by me, my family, estate, heirs, or assigns for property damage, personal injury, or wrongful death that may be sustained by me arising as a result of my participation in program services offered by Echo Children's Charity, or while on the premises owned or leased by Echo Children's Charity.
2. I understand and agree that Echo Children's Charity is not responsible for any injury or property damage arising out of my participation in the program services, even if caused by Echo Children's Charity's ordinary negligence or otherwise. I understand that participation in the program services involves certain risks, including, but not limited to, serious injury and death. Therefore, I assume all risks, including, but not limited to, the risks associated with slipping, falling, tripping, shifting of heavy objects or furniture, loading or unloading vehicles, operation of equipment or tools, or sustaining any type of related injury in connection with my participation with Echo Children's Charity. I am voluntarily participating in the program services with knowledge of the danger involved and I agree to accept all risks of participation, even if arising from the negligence of others.
3. I am of legal age and am freely and voluntarily signing this agreement without any inducement, assurance, or guarantee being made to me and intend my signature to be a complete and unconditional release of all liability to the greatest extent allowed by law. I have read this WAIVER & RELEASE OF LIABILITY, ASSUMPTION OF RISK, AND INDEMNITY AGREEMENT and understand that by signing this form, I am giving up legal rights and remedies.

Initials: _____

Address: _____ Apt. Number: _____

City: _____ State: _____ Zip: _____

E-Mail Address: _____

Home Phone: Yes No Number: _____ Rent Amount: \$ _____

Cell Phone: Yes No Number: _____ Landlord: _____

Work Phone: Yes No Number: _____ Extension: _____

Marital Status: Married Single Parent Divorced Separated Living Together

Language: English Spanish How many children are in your Legal Custody? _____

What is your monthly household income, including any government assistance? \$ _____

PLEASE LIST ALL CHILDREN IN YOUR FAMILY FOR OUR RECORDS, INCLUDING NON-SCHOOL AGED CHILDREN.

ONLY SCHOOL AGED CHILDREN WILL RECEIVE A BACKPACK (K-12th).

Please list the grade level they will be in at the start of the 2023-2024 school year.

Childs Name: _____ Age: _____ Boy or Girl Birth Date: _____ Grade: _____

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Please provide **ALL** of the following information.
INCOMPLETE APPLICATIONS WILL NOT BE PROCESSED.

- A hand written letter stating your current situation
- A copy of each child's Birth Certificate OR proof of guardianship **DO NOT SEND SOCIAL SECURITY CARDS**
- A copy of your valid photo ID A copy of your most current electric bill or most current phone bill
- A copy of Food Stamps letter, Medicaid letter, or any other form of government assistance

Note: Upon receipt of a **COMPLETED** application and documentation, you will be eligible for the Back2School program. This program will have a limited number of recipients. Children **must be enrolled** in school. If your contact information changes (phone number or address), please call our office to update your information. By submitting this form you also agree to allow pictures of you and/or your children in any HCC publication.

By submitting this form you agree to HCC's Waiver & Release of Liability, Assumption of Risk, and Indemnity Agreement located on echochildrenscharity.org/waiver/

WALK-IN APPLICATIONS WILL NOT BE ACCEPTED.

Please mail or fax this completed form along with copies of the required documents listed above to the following address:

Echo Children's Charity • 5151 Mitchelldale Street Ste. A4 Houston, TX 77092
Fax (713)524-3199 • Phone (713)524-2878

WE ARE NO LONGER ACCEPTING E-MAIL APPLICATIONS.