



GOLD RUSH CURE

What's the RUSH?

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 and filled with special gifts they want or have desired. It is delivered by our volunteers and is a happy time that can be shared with your family and friends. It usually takes 3 weeks to fulfill a Pot of Gold request and may be extended if certain items take longer or volunteers are not available.

Please complete the Pot of Gold request form in detail (including item numbers from websites is appreciated and it ensures we are purchasing the correct item), then attached and submit it to your social worker. 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@golldrushcure.org



Hospital: _____

Date Received: _____

Date Delivered: _____

Pot of Gold Request

**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/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. <u>VALUE NOT TO EXCEED \$500</u>	
1.	
2.	
3.	
4.	
5.	
6.	
7.	

Gold Rush Cure Foundation

Photo/Media Waiver/Release

In consideration of GOLD RUSH CURE FOUNDATION I hereby, and for (my) (my child's) heirs, executors, administrators, assigns, and all legal guardians, WAIVE AND RELEASE ANY AND ALL RIGHTS AND CLAIMS OF ANY NATURE, INCLUDING BUT NOT LIMITED TO THOSE FOUNDED IN WHOLE OR IN PART UPON ANY TYPE OF NEGLIGENCE, that (I) (my child listed below) may have against GOLD RUSH CURE FOUNDATION, its directors, officers, employees, agents, chapters, assignees, licensees, volunteers, and cooperating entities, their representatives, heirs, executors, administrators, successors, and assigns. I UNDERSTAND THAT THIS MEANS THAT I AGREE NOT TO SUE any or all of the Released Parties. PHOTOGRAPHIC AND OTHER MEDIA RELEASE. Consent also is hereby given to distribute, publish, exhibit, digitize, broadcast, display, reproduce, photograph, videotape or otherwise use (my)(my child's) name, picture, portrait, likeness, writings or biographical information (including, if applicable, disease diagnosis), and audiotape and/or videotape recordings and sound or silent motion pictures of (me)(my child) in any manner or media whatsoever anywhere in the world in perpetuity for any lawful purpose whatsoever, including without limitation, for editorial, educational, promotional, and advertising purposes, for the solicitation of contributions, as evidence in litigation, and for any other purpose in furtherance of the corporate purposes and objectives of GOLD RUSH CURE FOUNDATION. I (I, on behalf of my child) further agree that GOLD RUSH CURE FOUNDATION shall be the exclusive owner of all copyright and other rights in such media. Finally, I (I, on behalf of my child) agree that I will not seek at any time to receive any financial benefit or compensation in connection with such media. By agreeing to this document, I certify that I have read this document and fully understand it, and that I am not relying on any statements or representations of any Released Party. This document shall be binding upon me, (my)(my child's) heirs, executors, administrators, assigns, and all legal guardians (of my child).

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

I disagree with the waiver, release, consent as outlined above.

Parent/Guardian Name: _____ Childs Name_____

Signature: _____ Date_____

E-Mail _____ Phone#:_____