



**Our Mission: Through kindness and compassion,
giving hope to children with life threatening illnesses.**

OUTDOOR ADVENTURE INFORMATION, GUIDELINES & POLICIES

1. Eligible Outdoor Adventures

- a. Camping, hiking, fishing, horseback riding, hunting, water skiing, snow skiing, snowmobiling, going on ATV ride, a catered picnic, any combination of the above, or any other outdoor activity that would allow the Nominee to experience the great outdoors.
- b. We will help create almost any outdoor adventure experience that you request. Use your imagination and complete the Application today!

2. Eligibility Requirements

- a. The Nominee must be 5 to 25 years of age at the time of application submission and a resident of Montana.
- b. The Nominee must be diagnosed with a life threatening illness by a physician.
- c. The required Physician Certification Form must be submitted directly to Erin's Hope Project, Inc. before qualified adventure requests can be considered.
- d. Requested Adventure must include one or more outdoor activities.

3. Outdoor Adventure Granting Process & Compliance

- a. All Applications are considered and reviewed for eligibility and compliance which must include the required Physician Certification Form.
- b. While we always consider the entire adventure requested, we are not always able to accommodate every aspect (i.e. number of participants, Availability of tickets, etc.).

Questions or comments call 406-853-2372 or 234-0406

Return application to:

Erin's Hope Project

2215 Edgewood St.

Miles City, MT 59301



APPLICATION FOR OUTDOOR ADVENTURE

Nominee Information:

Name: _____ Phone: _____

Date of Birth: _____ Age: _____

Address: _____
Street City/State Zip Code

Diagnosis: _____

Guardian(s), if under 18 years of age: _____

Who do you wish to share your outdoor adventure with? _____

Are there any special needs you would like us to consider during the planning of your adventure?: _____

What outdoor adventure would you like to experience?: _____

Please initial items where indicated below:

License to use personal information and image:

_____ I hereby give and grant permission to Erin's Hope Project, Inc. to use and/or publish Nominee's name, photograph and testimonial statements in all Media and types of advertising for the promotion and fundraising ventures, Publications and services of Erin's Hope Project, Inc.

Disclosure of Medical Condition:

_____ I hereby grant Erin's Hope Project, Inc. the right to disclose the nature of Nominee's medical condition to the extent necessary in the fulfillment of the requested outdoor adventure and planning thereof.

General Release and Waiver of Liability:

_____ I hereby release discharge and covenant not to sue Erin's Hope Project, Inc., its respective administrators, directors, agents, officers, board members, volunteers, other participants, owners or lessors of any premises where any portion of said outdoor adventure takes place from all liability, claims, demands, losses or damages caused or alleged to be caused, in whole or in part, by any activity or benefit received, including but not limited to: Damage or injury caused by the use or possession of donated goods, damage or loss involved in payment of personal debts or liabilities, or damage or injury resulting from performance of donated services or participation of any donated activity.

Physician Certification Form:

_____ I have verified that my physician has submitted a complete and fully executed Physician Certification Form directly to Erin's Hope Project, Inc. And I acknowledge that without submission of said form my outdoor adventure requests cannot be considered until such time as it is received.

By signing below, you affirm and acknowledge that you have read this Application, have retained a copy and fully understand and agree to its provisions.

Nominee's Signature (Guardian, if under 18 years of age)

Date



PHYSICIAN CERTIFICATION FORM

Patient Name: _____ Date of Birth _____

To Be Completed and Certified by a Licensed Physician

I hereby certify that the above listed individual is eligible to apply for this outdoor adventure because of a life-threatening illness. "Life-threatening illness" means any progressive, degenerative or malignant disease or condition that could cause premature death.

I hereby certify that the information provided above is true and correct to the best of my knowledge and belief.

Additional Comments or Information: _____

Physician's Signature

Date

Physician's Name (Please Print)

Physician's License Number

Physician's Address

Phone Number

Return completed form to:

Erin's Hope Project

2215 Edgewood St.

Miles City, MT 59301

Questions or comments please call 406-853-2372 or 234-0406