



2024 SHOP WITH A LOCAL HERO Christmas Application

PLEASE READ and retain this page for YOUR information.

Thank you for applying for our “Grundy County Heroes & Helpers Shop with a Local Hero Event”. This event is a 1-day event on Saturday, December 7, 2024, reserved for Grundy County, Illinois children between the ages of 4 through 15 years old, whose families have suffered some kind of hardship and in need of assistance this holiday season. In order for your child(ren) to participate in our event, the following are required: **(Each application is reviewed and carefully considered for approval)**

1. All applications and forms must be completed in their entirety and returned to Grundy County Heroes & Helpers Inc., P.O. Box 116, Minooka, IL 60447 by the deadline (NOVEMBER 13, 2024). **Any applications received beyond the deadline and/or have missing/omitted information or forms will cause the application to be denied.**
2. All applicant’s families **must be** experiencing loss, trauma, poverty, and/or hardships of some kind and provide a detailed account of said event to qualify for this event.
3. All participating children must be between the ages of 4 and 15 years of age and live in Grundy County, Illinois on a full-time basis or attend a school in Grundy County, Illinois.
4. All applications **MUST** include a working phone number that allows you to be contacted about our event and on the date of the event, cell phone numbers are best.
5. All applications must include a Hero Shopping List, Hold Harmless Release, Waiver of Liability and Hold Harmless Agreement and Media Consent form for each child listed in the application.
6. On the shopping day, a parent/legal guardian and the child(ren) **must** be present at all times during the event. **No purchases will be made for children not in attendance.** Arrive 15 minutes prior to the start of our event so your child does not miss their opportunity to participate. In the event you cannot make it, you must contact us by calling 815-200-6957. **Parents/Legal Guardians are responsible for all transportation to and from this event.**
7. Once you arrive at the event, please proceed to the check-in area. Your child(ren) will be paired with a local hero from the local police, fire and/or EMT departments as well as a helper. Your child’s shopping experience will be followed by lunch with Santa & Heroes where they will also receive FREE toys. **You will receive a phone call by a volunteer between November 27th and December 1st, with approval or denial for our event, at this time you will be given details of our event.**
8. Each selected child’s hero will be allowed to spend a specific amount of money for your child(ren) at the event and will not be allowed to go over this set amount. *All merchandise purchased during our event cannot be returned, only exchanged for a different size. A list of the purchased items will be provided to the service desk and any item purchased that is returned will be reported to our agency and your child may be ineligible to participate in future events.*
9. All children selected to participate will be reviewed carefully for consideration. **All applications, both liability releases, hardship and photo release forms must be received no later than November 13, 2024, by 5PM.** Any Questions please send an email to info@gchhinc.org or call 815-200-6957.



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A separate application for each child should be completed and returned to the address below. **DO NOT** leave any spaces blank. ***Missing or omitted information will cause your application to be DENIED.*** A working telephone number must accompany this form. Eligible children are those between the ages of 4 through 15 years. On the shopping day, your child **must** be present in order to shop. Your child must live and attend a school in Grundy County.

PLEASE PRINT

Name of Responsible Parent/Guardian/Party: _____

***Responsible Person must be present during the entire event and able to provide transportation to and from all event locations*

Relationship to Child (Circle One) Parent Guardian Other: _____

Address: _____ Email: _____

City: _____ Zip Code: _____

Telephone Number: _____ Best time to call: _____

(You must provide a valid telephone number)

Child's Name: _____ Age: _____ Grade: _____ Male/Female: _____

Child's Birthday ____/____/____ Name of Child's School: _____

Sibling's Name: _____ Age: _____ Grade: _____ Male/Female: _____

Sibling's Name: _____ Age: _____ Grade: _____ Male/Female: _____

(PLEASE LIST ALL SIBLINGS - MORE SIBLINGS CAN BE WRITTEN ON THE BACK OF THIS PAGE)

Total **Combined** Annual Household Income: \$ _____

REQUIRED: Proof of residency – copy of valid Driver's License of guardian AND copy of bill in guardian's name with current address

Has your child/children attended any of our Shop With A Local Hero events in past years? (Circle One) YES / NO
 If YES, When? _____ (please note, this will not determine if your child is chosen)

Total Number of persons in household: _____

Have you applied for assistance from any other organization? (Circle One) YES / NO

If so, name of organization(s): _____

*****By completing and signing this application, you are giving your consent for your child(ren) to participate in this event, agree to abide by the rules provided for on the information page, give consent for Grundy County Heroes & Helpers Inc. to make any inquiries with other organizations regarding assistance you are receiving and understand you are responsible for providing any and all transportation for your child(ren) to and from this event.***

Signature: _____ Date: _____

Application, Liability Release, Nomination Form & Photo Release MUST be received no later than 5:00 p.m. Wednesday, November 13, 2024

All applicants both accepted or denied will be notified via phone no later than December 1, 2024

Application, Liability Release, Nomination Form & Photo Release MUST be completed & mailed to:
 Grundy County Heroes & Helpers Inc.
 PO Box 116, Minooka, Illinois 60447

*****FOR OFFICE USE ONLY*****

Approved: Y / N Parent/Guardian Notified: Y / N

Date Notified: _____

Denied / Reason: _____



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To assist Heroes & Helpers if your child is chosen, please provide the following information:

Name of Responsible Parent/Guardian/Party: _____

Telephone Number: _____ Best time to call: _____

(You must provide a valid telephone number)

Child's Name: _____ Age: _____ Grade: _____ Male/Female: _____

PLEASE LIST ANY: Medical issues, special needs your child may have and/or extra assistance your child may need during our event:

**CLOTHING SIZES – (Toddler 2T, 3T, 4T, 5T, 6T) (Kids 4/5, 6, 7/8, 10/12, 14/16, 18/20)
 (Adult S, M, L, XL, 2XL)**

Shoe Size _____
 (Infant – Youth – Adult)

Coat Size _____
 (Youth – Adult)

Shirt Size _____
 (Youth – Adult)

Jeans / Pant Size _____
 (Youth – Adult)

Leggings / Sweatpants Size _____
 (Youth – Adult)

Favorite Color _____

Favorite Character or Sports Team: _____

Please mark the items your child is in most need of:

Winter Coat	Y / N	Winter Boots	Y / N	Jeans / Dress Pants	Y / N
Winter Gloves	Y / N	Tennis Shoes	Y / N	Leggings / Stretch Pants	Y / N
Snow Pants	Y / N	Dress Shoes	Y / N	Sweatpants	Y / N
Winter Hat	Y / N	T-Shirts	Y / N	Sweatshirts	Y / N
Undergarments	Y / N	Polo or Button Down Shorts	Y / N	Socks / Pajamas	Y / N

Other: PLEASE LIST ADDITIONAL ITEMS YOUR CHILD MAY NEED BELOW:



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 Christmas Application

Hold Harmless & Release Agreement Form

I, _____, as parent/guardian/legally responsible person of the minor child, _____, do hereby agree to indemnify, defend, hold harmless, and release any and all parties including but not limited to Grundy County Heroes & Helpers Inc., Grundy County Sheriff’s Department, Grundy County Sheriff’s Police Foundation, Heroes and Helpers Committee members and Volunteers, Grundy County Law Enforcement Heroes and Volunteers, Fire Department and EMT Heroes and Volunteers, and any agents, officers, entities or other persons or agencies associated with Shop with a Local Hero Event of any damages, injuries, actions, suits, third-party claims, other claims or demands of any kind, including but not limited to losses, costs, fees, injuries, damages, expenses threatened, suffered, or incurred by me, on my behalf, or on behalf of the aforesaid minor, against Grundy County Heroes & Helpers Inc., Grundy County Sheriff’s Department, Grundy County Sheriff’s Police Foundation, Heroes and Helpers Committee members and Volunteers, Grundy County Law Enforcement Heroes and Volunteers, Fire Department and EMT Heroes and Volunteers, and any agents, officers, entities or other persons or agencies associated with Shop with a Local Hero Event, arising from, pertaining to, or resulting in the Shop With A Local Hero event. In addition, I agree to indemnify, defend, hold harmless, and release any and all parties from expenses (including but not limited to liability settlements, damage awards, court costs, fees, out-of-pocket expenses, attorney’s fees incurred by to Grundy County Heroes & Helpers Inc., Grundy County Sheriff’s Department, Grundy County Law Enforcement, Fire Department and EMT Heroes and Volunteers, any agents, officers, entities or other persons or agencies associated with Shop with a Local Hero). Further, I understand that participation in the above reference activity is voluntary and can and/or may result in bodily injuries or the like and such injuries are included in this agreement for indemnification, and I agree to assume all responsibilities of any and all risk, injuries, and/or damages on behalf of myself and the aforesaid child in the above referenced activity.

Dated this _____ day or _____, 2024.

Print Name: _____

Signature: _____

(Parent or Legal Guardian)



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Shop with a Local Hero

PHOTO/MEDIA CONSENT FORM

I, the undersigned, do hereby agree and grant Grundy County Heroes & Helpers Inc. (hereafter GCHH), or it's authorized representatives, contractors and licensees, the right to make visual and audio recordings, still images, and/or to otherwise capture material of me and/or the minor child in my care and control at the time the material is collected and said material will become the property of GCHH and not be returned.

Further, I agree the GCHH and its assigns and licensees have the right to reproduce, prepare derivative works of, distribute or display, sell and use these materials in whole or in part, for their business purposes, in any manner or media (whether now existing or created in the future), in perpetuity, including but not be limited to, audiovisual programs; web sites; publications; product artwork; and project publicity.

I waive the right to inspect or approve any use of the material and any right to financial compensation, royalties or other compensation arising or related to the use of the material. I agree to indemnify, hold harmless, and release and forever discharge GCHH from all claims, demands, and causes of action which I, my heirs, representatives, executors, administrators, or any other persons active on my behalf or on behalf of my estate have or may have to reason of this authorization.

Finally, I state that I am 18 years of age or older, competent to contract in my own name, and I have read this release before signing below and I fully understand the contents, meaning and impact of this release.

Date: _____

Child's Initials: _____

Parent/Guardian/Authorized Person's Signature: _____

Parent/Guardian/Authorized Person's PRINTED Signature: _____



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WAIVER OF LIABILITY AND HOLD HARMLESS AGREEMENT (TRANSPORTATION)

In consideration for Grundy County Heroes & Helpers Inc. (hereafter known as GCHH) partnered with Saratoga Community Consolidated 60C providing bus transportation, I the undersigned, do hereby state and agree to the following and will complete, sign, date and return form to GCHH prior to departure:

- I, the undersigned, hereby grant permission for the below named person or persons to travel to and from GCHH sponsored activities in a vehicle or vehicles not owned or operated by GCHH.
- I, the undersigned, hereby release, waive, discharge and covenant not to sue GCHH, the board, and its individual members, officers, agents, servants, partners or employees (hereinafter referred to as releasees) from any and all liabilities, claims, demands, actions, and any causes of action whatsoever arising out of or related to any loss, damage, or injury, including death, that may be sustained or any of the property belonging to me, as result of, or in any way arising out of traveling to and from GCHH sponsored activities in a vehicle or vehicles not owned or operated by GCHH.
- I, the undersigned, voluntarily assume full responsibility for any known and unknown risks of loss, understand that participation is voluntary, and at my/our own risk.
- I, the undersigned, agree to indemnify, defend and hold forever harmless the releasees from any claim, loss, liability, damage, or cost due to myself or my child(ren) traveling to and from GCHH sponsored activities in a vehicle or vehicles not owned or operated by GCHH without limitations.
- I, the undersigned, agree that this Waiver of Liability and Hold Harmless Agreement shall be construed and enforced in accordance with the laws of the State of Illinois.
- I, the undersigned, further agree that I acknowledge and represent that I have read the foregoing Waiver of Liability and Hold Harmless Agreement, understand it, and sign it voluntarily as my own free act and deed.
- I, the undersigned, state this Waiver applies to the person or persons listed below:

PRINT PARTICIPANT NAME (S): _____

Signature of Participant/Parent/Guardian: _____
 PRINTED Signature: _____

DATE: _____