



Dear Family,

Enclosed you will find an application to apply for a Hilton Head Hero vacation. Our mission is to bring families with children suffering from a life threatening illness to Hilton Head Island for a resort vacation. These families are housed in the Hilton Head Hero House located in the Sea Pines Resort. These vacations can be for three, four or seven days; vacation times will be tailored to your individual family needs.

Please read over the enclosed materials, checking the guidelines to ensure that your family or child qualifies. A page is also provided to answer some questions that are often asked by our HERO families. This will give you an idea of how a HERO vacation will work, what we can provide your family and if a HERO vacation will benefit you.

After reading the enclosed materials if you would like to apply for a HERO vacation make sure all of your paperwork that is in the packet is completed in full. It is very important that all signatures be witnessed by another adult, and that a doctor verifies that your child is capable of travel. The Release of Liability Form must be notarized by a legal notary (most hospitals have this available to patients as well as banking institutions). There is also a questionnaire for the children in your family to fill out; this will provide us with a little insight into their personality. Once the information and signatures on your application have been verified and your application approved, your family will be assigned a vacation week. One of our volunteer board members will then contact you to discuss your requested dates. The Hilton Head Hero House is available fifty-two weeks a year; however the summer months fill the quickest, so please consider other times of the year to visit our beautiful island.

You will then receive a letter confirming your vacation dates, this will include one more document that will outline the details of your vacation and include a form for you to fill out in full and return in a stamped envelope that will be provided.


Each arriving HERO family will be assigned a hospitality family; these are local volunteers that will contact you by phone about two weeks before your scheduled vacation. They will help welcome you, answer any questions that you might have concerning your trip, what to bring, where to go, etc. The hospitality family will arrange a place to meet you and help check you in and acquaint you with the HERO House. They will also give you a booklet that contains gift certificates to local restaurants, and many of the local tourist attractions and amenities. You will be given \$100.00 in cash to help pay the taxes and tips on services rendered. Each family is also given a \$100.00 gift certificate to a local grocery store; this will help supplement food for your vacation experience.

The HERO house is fully furnished, complete with a fenced swimming pool and screened in porch area. There is a complete kitchen, stocked with small appliances, paper products and cleaning supplies. Sheets, towels and other needed items are supplied, including a washer and dryer, beach toys and a play room upstairs. Housekeeping is supplied before your arrival and upon your departure, we ask that you care for the donated items in the house, and leave it clean upon your departure. Should an item in the HERO house become damaged or need repair please report it to you hospitality family.

Our volunteer board works very hard to arrange a vacation to each qualified family that sends in a HERO application. Please keep in mind that the number of vacations is limited to the fifty two weeks in the HERO House. We always consider the children with the most fragile health situations first when granting a HERO vacation.

You can obtain further information on Hilton Head Heroes by visiting our website at [hhheroes.com](http://hhheroes.com).

If you require assistance in filling out your application or have further questions please call the office at (843)671-4939. A volunteer will return your call as soon as possible. We hope to see you on a HERO vacation soon!

Sincerely,  
  
Lindy Ellison Russell  
Founder  
Director

## **Hilton Head Hero Fact Sheet 2008-2009**

### **Mission Statement**

To bring children between the ages of 4 and 16 with life threatening illnesses and their families to Hilton Head Island, South Carolina for a resort vacation. Families are housed in the Hilton Head Hero House located in the Sea Pines Resort.

### **How does a child qualify?**

- a. Diagnosed by a doctor with an illness creating the possibility that their life will be shortened and under the care of a doctor for said illness. All childhood cancers are considered eligible for HERO vacations. Genetic birth defects or chronic illnesses do not qualify for HERO vacations unless they are deemed life threatening. Cystic Fibrosis will be considered if the child is on the lung transplant list. Down's syndrome children will be considered if other health problems exist, such as heart disease. Sickle Cell anemia is considered a life threatening illness and qualifies for a HERO vacation with doctor documentation. Spina Bifida children will be considered if they have other medical conditions. Muscular Dystrophy will be considered if other medical conditions exist. Cerebral Palsy children will be considered if other medical conditions exist. Children with mental imparities or conditions not considered life threatening will not be considered.
- b. Determined by the Hilton Head Heroes board of directors that a family vacation to Hilton Head Island is beyond the financial capabilities of the family.
- c. Application is completed in full.
- d. Release of Liability form is completed, signed and witnessed by a notary.

### **Who is included in a HERO vacation?**

- a. The immediate family members or legal guardian(s) of the HERO child only. Special permission is sometimes given in single parent situations, all family members other than the immediate family must be pre approved.
- b. No pets of any kind are allowed in the HERO HOUSE.

**Hilton Head Heroes cannot be responsible for the following:**

- a. Medical treatment, medical equipment needed on vacation, medical supplies including wheelchairs, medical personnel or any medicines required during travel and vacation.
- b. Emergency transportation to a hospital should a child become ill during a HERO vacation.
- c. Transportation to another city should a child become ill on a HERO vacation.
- d. Clothing or supplies for a vacation. Loss of property, or personal belongings, including theft or vandalism while on a HERO vacation. Criminal acts that cause harm to persons while on a HERO vacation.
- e. Replacement of vacation should weather conditions necessitate that a HERO vacation be cancelled.
- f. Any expense associated by “overspending” on gift certificates provided in the welcome booklet you will receive. (Amounts and rules listed on each gift certificate). Money for transportation to the island, this includes rental cars, gas, or car repairs.

**Hilton Head Heroes will provide the following to families that meet our criteria:**

- a. Lodging for three, four or seven days in the Hilton Head Hero house located in the Sea Pines Resort, which will be supplied with items needed for a rental facility, including an outdoor gated swimming pool.
- b. Gift certificates from some local restaurants that will include four dinners, four lunches and \$100.00 to a local grocery store.
- c. Gift certificates to some local amenities such as putt-putt golf, dolphin cruises, art ceramic café studio, island museum, child's play centers, etc.
- d. \$100.00 in cash to be used for tipping of wait staff in local restaurants.
- e. A disposable camera with film processing included compliments of our local Walgreens stores.
- f. A scrapbook of your vacation provided by the local Girl Scouts of the Low Country.
- g. A hospitality family, that will be your contact during your island stay and will provide you with maps and information on Hilton Head Island.
- h. A pass to enter the exclusive Sea Pines Resort for your vacation stay. Access to Sea Pines trolley transportation.
- i. Bikes to use to explore our beautiful island.
- j. A beach wheelchair if needed.
- k. Shower handicapped chair available.
- l. Crib, high chair, and other baby items supplied in the HERO House as needed
- m. Housekeeping services before you arrive and after your departure are donated by Cathy Fagen Cleaning (C&S).
- n. Pool cleaned and serviced compliments of Clearwater Pools of Hilton Head Island.
- o. Yard services donated by Ocean Woods Landscaping.
- p. A memory to last a lifetime!



## Hilton Head Heroes Referral Form

To be filled out by referring agency/doctor/social worker

Your name: \_\_\_\_\_

Hospital/Doctor/Social Care Worker: \_\_\_\_\_

Name of Facility: \_\_\_\_\_

Address: \_\_\_\_\_

City and State: \_\_\_\_\_

Work Phone Number : \_\_\_\_\_ Email address: \_\_\_\_\_

Best way to reach you for further information on this family: \_\_\_\_\_

Name and age of patient: \_\_\_\_\_

Diagnosis: \_\_\_\_\_

Name of Physician: \_\_\_\_\_

Financial needs of this family: \_\_\_\_\_

Would this vacation not be affordable without our assistance? \_\_\_\_\_

Does this family have private insurance? \_\_\_\_\_

Do they require additional assistance from Medicaid? \_\_\_\_\_

Do the parents have full time jobs? \_\_\_\_\_

**General Information Request**  
**Hilton Head Heroes 2008**

Today's Date : \_\_\_\_\_ Diagnosis of child: \_\_\_\_\_

Child's full name \_\_\_\_\_ Sex \_\_\_\_ Age \_\_\_\_\_

Address \_\_\_\_\_

City and State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone number (home): \_\_\_\_\_ Best time to contact: \_\_\_\_\_

Email address: \_\_\_\_\_ Cell phone: \_\_\_\_\_

Child's birth date: \_\_\_\_\_ Grade in School: \_\_\_\_\_

Parents/Guardians name: \_\_\_\_\_

Child lives with: \_\_\_\_\_ Relationship: \_\_\_\_\_

Do you have private insurance? \_\_\_\_\_

Do you receive public assistance for living expenses? \_\_\_\_\_

Is your child receiving Medicaid? \_\_\_\_\_

Mother's full name: \_\_\_\_\_ Maiden Name \_\_\_\_\_

Mother's occupation and job title: \_\_\_\_\_

Mother's employer: \_\_\_\_\_ Phone#: \_\_\_\_\_

Employer's address: \_\_\_\_\_

Father's name: \_\_\_\_\_

Father's occupation and job title: \_\_\_\_\_

Father's employer: \_\_\_\_\_ Phone# \_\_\_\_\_

Employer address: \_\_\_\_\_

Names and Ages of Siblings \_\_\_\_\_

**Physician to be reached to verify application information;**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

Fax: \_\_\_\_\_ Email: \_\_\_\_\_

Name of assistant or nurse: \_\_\_\_\_

**Medical Care Facility where your child receives treatments and/or medical care. This information will be used to verify the signatures on the application;**

Name of Facility: \_\_\_\_\_

Physician name: \_\_\_\_\_

Address: \_\_\_\_\_

City and State: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Email address: \_\_\_\_\_

Contact person: \_\_\_\_\_

**Lodging Dates, requested**

Please give us **three** choices of dates that your family will be available for a Hilton Head Hero vacation. We will do our best to accommodate your first choice and work around your child's medical schedule.

If you must cancel a Hilton Head Hero vacation after you have been assigned a week, please contact us as soon as possible so we can schedule another family in your time slot.

Vacation Choices for the

\_\_\_\_\_ Family

1<sup>st</sup> Choice \_\_\_\_\_

2<sup>nd</sup> Choice \_\_\_\_\_

3<sup>rd</sup> Choice \_\_\_\_\_



## Medical Acknowledgement

This form to be signed and dated by the child's physician.

**Diagnosis of child:** \_\_\_\_\_

As the physician for \_\_\_\_\_ (child's full name)

I, \_\_\_\_\_ (physician's full name, printed)

am familiar with the physical condition of the above named child. I am under the opinion that this child's illness is life threatening or the quality of this child's life has been compromised. I am aware that the child will be traveling by car to Hilton Head Island, South Carolina for a beach vacation. In consideration of the child's illness, I recommend approval of this vacation. I have supplied the family with the name of a doctor for emergency medical treatment in the area if needed and explained the necessary care required for said child to participate in a HERO vacation.

**Date:** \_\_\_\_\_ **Printed name of Physician:** \_\_\_\_\_

**Signature of Physician:** \_\_\_\_\_

**Signature of Witness:** \_\_\_\_\_

**Printed Name of Witness:** \_\_\_\_\_

**Address of Physician:** \_\_\_\_\_

**City, State and Zip:** \_\_\_\_\_



### Information Release Authorization

(To be completed and signed by parents or legal guardians)

I/we \_\_\_\_\_ hereby acknowledge and represent we are the  
\_\_\_\_\_ (parents/guardians) of \_\_\_\_\_ (Full name of  
HERO child)

And hereby authorize Hilton Head Heroes (hereinafter referred to as HHH) or any of its agents, volunteers, *employees*, officers, board members to photograph, film and electronically record interviews with the above names child/adolescent, and us, as they shall choose. We further authorize HHH or any person or organization participating in the taking of said photographs, films or electronically recorded interviews to distribute now or any time in the future all of any of the said photographs, films or electronically recorded interviews to the public, which shall include, newspapers, television stations, magazines, website of HHH, and other organizations that generate the news to the general public. HHH has permission to use photos of HERO child and family on their HERO vacation to promote HHH in positive manner. HHH has permission to use photos of HERO families on their website at [www.hiltonheadheroes.org](http://www.hiltonheadheroes.org) or [www.hhheroes.com](http://www.hhheroes.com). It is my understanding that by signing said form any aspect of child's physical or emotional conditions may become public information and that I will no longer have control over the distribution of said information and acknowledge that said child/adolescent may learn of his/her condition through other persons and that his/her condition may become common knowledge. It is not necessary for HHH or any other persons to contact me/us prior to release of any of the said information to the general public.

\_\_\_\_\_  
Parent/Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent/ Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Witness Signature

\_\_\_\_\_  
Date



## RELEASE OF LIABILITY

(To be completed by family on vacation)

I/We, the undersigned \_\_\_\_\_ parents, guardians, and/or custodians of \_\_\_\_\_ (the "Child"), in consideration of granting and/or being involved in the granting of a vacation for the Child and provision of funds, goods and/or services in carrying out said vacation (the "Vacation") do hereby voluntarily **ASSUME ALL RISK** of accident or damage to myself or ourselves and/or the person of or the property of myself or ourselves and/or the person of and the property of the Child or other minors in my or our care, and, on behalf of myself or ourselves, the Child, and any other minors in my or our care, do hereby **RELEASE, DISCHARGE AND INDEMNIFY** Hilton Head Heroes, Inc., a South Carolina non profit corporation, its employers, employees, agents and trustees from any claim, liability or demand of any kind for or on account of any personal injury or damage of any kind sustained as the result of the granting or carrying out of said vacation.

### **Existence** of a Swimming Pool

The property at which I or we and the Child shall reside during the Vacation (the "Property") contains a swimming pool (the "Pool"). The existence of the Pool upon the Property may increase the risk of death or other serious injury due to drowning or asphyxiation. I/We realize that the Pool and activities related thereto may create addition risks and that it is not possible to identify each specific risk associated with this Pool. I/We agree to closely monitor and supervise the Child and any other minor in my/our care in and around the Pool. In consideration of being granted the right to use the Pool and related facilities, and without limiting Assumption of Risk, Release, Discharge and Indemnification above, I/We, on behalf of myself, my heirs, devisees, assigns and any person or entity claiming by or through me, and behalf of the Child and any minor in my or our care, hereby voluntarily **ASSUME ALL RISK** of accident or damage resulting from the use of or existence of the Pool upon the Property, and hereby **RELEASE, DISCHARGE AND INDEMNIFY** Hilton Head Heroes, Inc., a South Carolina non profit corporation, its employers, employees, agents and trustees from any claim, liability or demand of any kind for or on account of any personal injury or damage of any kind sustained as the result of the use or existence of the Pool upon the Property. I understand the foregoing limitation of liability shall

apply whether the claim is based upon breach of contract, negligence, gross negligence, strict tort, breach of any statutory duty or principle of indemnity.

I/We further agree that Hilton Head Heroes, Inc., its employers, employees, agents and trustees (hereinafter referred to as HHH) shall remain free from liability and the liability of HHH shall in no manner be affected by its participation in the execution and fulfillment of the Vacation or any activity associated therewith.

The undersigned hereby acknowledge that they have received the written authorization of \_\_\_\_\_ M.D. for the Child to participate in said vacation and that they will follow said physician's advice in connection therewith.

I/We have not been promised anything by any agent, servant, representative or employee of HUH nor has any person(s) associated with HHH given any advice or counsel with respect to the advisability and risks associated with the Vacation or the activities associated therewith. In that regard I/We am/are relying solely upon the advice and information supplied to me/us by \_\_\_\_\_ M.D. HHH is acting and has acted pursuant to instructions by me/us and/or the above-named physician.

**I/We have read this RELEASE OF LIABILITY and, fully understanding its terms, understand that I have given up substantial rights by signing it, and sign it freely and voluntarily without any inducement.**

\_\_\_\_\_  
Parent/ Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent/ Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Notary Signature

\_\_\_\_\_  
Date

Seal:

## Hilton Head Hero Child Questionnaire 2008 - 2009

Name: \_\_\_\_\_

Nickname: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_

Email address: \_\_\_\_\_ Grade in School: \_\_\_\_\_

Do you have a computer? \_\_\_\_\_

Scariest thing for you? \_\_\_\_\_

Best moment in your life? \_\_\_\_\_

Favorite color? \_\_\_\_\_ Favorite book? \_\_\_\_\_

Favorite movie? \_\_\_\_\_ Favorite Food? \_\_\_\_\_

Favorite thing to do at the beach: \_\_\_\_\_

Can you swim? \_\_\_\_\_ Favorite sports team? \_\_\_\_\_

Favorite television show? \_\_\_\_\_ Favorite candy? \_\_\_\_\_

Favorite animal? \_\_\_\_\_ Do you have a pet? \_\_\_\_\_

What type of pet do you have? \_\_\_\_\_

Favorite kind of music? \_\_\_\_\_ Favorite music group? \_\_\_\_\_

Who is your HERO? \_\_\_\_\_

Tell us something interesting about you ?

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Please include a photo of yourself with this questionnaire.