



**2019 Louisville KENTUCKY Tempur-Pedic® Mattress & Pink Bag Event® Application**

Please complete, sign and return this form with *completed* application to:

**GIAApplications@ubcf.org** or Fax: **1-877-822-4287**

**DEADLINE FOR SUBMISSION: October 10, 2019. Please note that your submission of an application is not a guarantee of acceptance. You will be notified by email if we accept your application.**

I, \_\_\_\_\_ (name of applicant), understand that I am applying to participate in the UBCF gifts-in-kind giveaway which provides those affected by breast cancer the opportunity to receive donated household, linens, personal care items and/ or clothing to be held at a location in Louisville, KY.

I understand and agree the processing of my application to attend United Breast Cancer Foundation’s (UBCF) Tempur-Pedic® Mattress and Pink Bag Event® may take up to 7 (seven) business days. \_\_\_\_\_ (initials)

I understand and agree that I will be notified via email by a UBCF team member regarding the status of my application once it has been processed. \_\_\_\_\_ (initials)

I understand and agree that UBCF only accepts completed applications in 1 (one) email or fax, and only one per household. \_\_\_\_\_ (initials)

I have included a letter from my medical doctor explaining my connection with breast cancer. \_\_\_\_\_ (initials)

I understand and agree that UBCF will not accept incomplete or fraudulent applications. \_\_\_\_\_ (initials)

I understand and acknowledge that applications are processed and approved on a first come, first served basis, and by submitting my application I am not guaranteed to be approved. \_\_\_\_\_ (initials)

I understand that the event will take place on October 20, 2019 between 8 AM to 4PM in Louisville, KY and that if approved I will be assigned an appointment (pick-up time) between the hours of 8AM and 4PM that cannot be changed. I will bring the approval and photo identification with me and show it as requested or, notwithstanding having been approved, I will not be allowed to participate. At the event I will comport myself properly and will follow the reasonable instructions of UBCF. \_\_\_\_\_ (initials)

I would prefer the following time range if possible but recognize I might be assigned another time:

**(PLEASE CIRCLE ONLY ONE):    8am - 11am       11am - 2pm       2pm - 4pm**

NAME PRINT: \_\_\_\_\_ DATE: \_\_\_\_\_ APP # \_\_\_\_\_

NAME SIGN: \_\_\_\_\_ W/L# \_\_\_\_\_

Thank you for your interest in participating in  
United Breast Cancer Foundation’s Louisville, Kentucky Tempur-Pedic® Mattress and Pink Bag Event®

United Breast Cancer Foundation  
205 Depot Road, Huntington Station, NY 11746  
1-877-822-4287 [www.ubcf.org](http://www.ubcf.org) fax 1-877-822-4287



Dear Applicant,

The United Breast Cancer Foundation (UBCF) is pleased to offer you the opportunity to receive Pink Bag donations and a free Tempur-Pedic® mattress, the most highly recommended bed in America™. Please complete the bellow form to be considered for the **2019 Louisville, KENTUCKY** donation. **REQUIRED: Attach to this application a letter from your Doctor on Doctor's letterhead stating your current health status. If you are in remission, include remission date.**

**Deadline for submission: October 10, 2019. Submit to [GKApplications@ubcf.org](mailto:GKApplications@ubcf.org) or Fax: 1-877-822-4287**  
**Submission is not a guarantee of acceptance -- PLEASE WRITE CLEARLY**

Full Name: \_\_\_\_\_ Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip code: \_\_\_\_\_ County: \_\_\_\_\_  
E-mail address: \_\_\_\_\_ Phone # \_\_\_\_\_

Have you been diagnosed with breast cancer? YES  NO   
Are you in remission from breast cancer? YES  NO

**REQUIRED: Attach to this application a letter from your Doctor on Doctor's letterhead stating your current health status. If you are in remission, include remission date.**

Total number in household: \_\_\_\_\_ Total number of children 18 or under residing in household: \_\_\_\_\_  
Total household income (wages, social security, unemployment, alimony, child support, etc.): \$ \_\_\_\_\_

What size mattress are you requesting? TWIN  QUEEN

How did you learn about this opportunity? \_\_\_\_\_

Why is this donation helpful to you (check all that apply):

- 1. I have breast cancer
- 2. I am a breast cancer survivor
- 3. Financial hardship
- 4. Other: \_\_\_\_\_

Please share with us some words of gratitude: \_\_\_\_\_  
\_\_\_\_\_

Would you tell a friend about UBCF's programs? YES  NO

Check here to acknowledge that you can pick-up your mattress on the date of event.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**OFFICE USE:**

Date Received: \_\_\_\_\_  
Dr. Letter Rcvd: \_\_\_\_\_  
Items approved: \_\_\_\_\_

APP #: \_\_\_\_\_  
W/L#: \_\_\_\_\_

**Release & Waiver**

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**PLEASE WRITE CLEARLY**

The United Breast Cancer Foundation ("UBCF") is providing the donated items listed in Exhibit A attached ("the Product") to \_\_\_\_\_ ("Grantee").

Grantee accepts the Product in "as is" condition. UBCF assumes no responsibility for the Product's present or future condition and Grantee holds harmless UBCF, as its related and affiliated individuals and donors, from any injury or liability which may occur directly or indirectly as a result of Grantee's use of the Product. UBCF is not the manufacturer of this Product. Grantee acknowledges that no representations are being made by UBCF as to the condition, use or maintenance of the Product. Grantee states that it has had the opportunity to inspect the Product and that Grantee believes that in its sole judgment that the Product is useful and acceptable to the Grantee. Grantee acknowledges that the Product may be in new or used condition.

Grantee guarantees that no goods, services or other benefits were exchanged in return for the Product. Grantee may not sell, trade, barter or otherwise distribute the Product to any other person or entity. Grantee shall utilize the Product solely for Grantee's personal use.

Grantee agrees to provide UBCF with a written or video testimonial regarding Grantee's personal experience with receiving this donation within sixty (60) days of receiving the Product. Testimonials may be mailed to UBCF, PO Box 2421, Huntington, NY, 11743, or emailed to [GKProgram@ubcf.org](mailto:GKProgram@ubcf.org) and may be used by UBCF in any way it chooses in its sole discretion. Grantee hereby grants all required copyright rights and rights of privacy and publicity to UBCF to use the testimonials. Providing a testimonial is in no way a condition to being approved by UBCF to or actually receiving Product at the giveaway by the Grantee.

Grantee hereby fully releases, absolves, and holds harmless UBCF, its Directors, Officers, staff or Agents for any harm which arises out of the acceptance, use or eventual disposal of the Product. Grantee agrees that the Grantee shall indemnify and hold harmless UBCF, its Trustees, Directors, Officers, Administrators, Staff or Agents against all claims, suits, and all costs, expenses, and counsel fees incurred, which are based upon injuries, sickness, disease or death suffered by Grantee or by third parties caused in any manner by the Product, and/or arising in whole or in part from any negligent acts of Grantee, or the Grantee's agents, employees, directors, or family members in relation to said Product and/or its use. Grantee understands and agrees that once grantee signs this waiver and accepts the Product, UBCF is not responsible for the Product or any issues or claims related to the Product, the Grantee or any third party relating to the Product.

Grantee agrees that this release has been voluntarily executed and that the contents have been fully read and understood.

**GRANTEE**

**Name Print:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Name Sign:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

**Address:** \_\_\_\_\_ **City:** \_\_\_\_\_ **ST:** \_\_\_\_\_ **Zip:** \_\_\_\_\_

**County:** \_\_\_\_\_ **E-mail:** \_\_\_\_\_

**Exhibit A**  
**Donated Product, Louisville, KENTUCKY 2019**

**Item Description**

**Quantity**

**Manufacturer Serial Number**

APP #: \_\_\_\_\_

W/L#: \_\_\_\_\_

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205 Depot Road, Huntington Station, NY 11746  
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United Breast Cancer Foundation  
IMAGE RELEASE

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**PLEASE WRITE CLEARLY**

For good and valuable consideration, the receipt and sufficient of which I hereby acknowledge, I give and grant the United Breast Cancer Foundation (UBCF), and all those acting on its behalf, the absolute right and permission, with respect to the photographs and videos UBCF has taken of me and testimonials I have submitted to UBCF (the "Content"), to use the Content in connection with furthering the mission UBCF in any and all ways, formats and media UBCF determines in its sole discretion.

**Please Check One:**

- I give permission to UBCF to use the Content without restriction and to copyright all of it in UBCF's name.
  
- I give permission to UBCF to use the Content photo as long as it is not used for promotional materials.

I hereby release, discharge and agree to save UBCF, all those acting on its behalf and all those for whom UBCF is acting, from any and all claims and demands arising out of or in connection with the use of the photographs, including any and all claims for libel.

I am of legal age and have read the foregoing and fully understand the contents thereof.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Name: \_\_\_\_\_ Phone#: \_\_\_\_\_

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

City, State, Zip: \_\_\_\_\_

E-mail address: \_\_\_\_\_

Office Use: \_\_\_\_\_