



SECRET SLEIGH PROJECT * 2022 FAMILY APPLICATION

First Name of Child(ren): _____

Caregiver, Guardian or Parent
name(s): _____

Phone number: _____

Email Address: _____

City & State where the visit will occur/home: _____

Child's Diagnosis:

Advice for Santa to make the visit as successful as possible for my child(ren)
Please also add mask & vaccination request.

Siblings first name and ages:

Has your family been vaccinated for COVID-19?

Additional Notes:

_____ Please email this form to secretsleigh@gmail.com Thank you!



2022 PHOTO RELEASE FORM

I, _____ Parent/Guardian of child
_____ in the city of _____
state of _____ grant permission and consent to Secret Sleigh
Project and it's contracted volunteer Santa for the use of any photographs taken during
the special visit by Santa, for _____ child, along with his/her
siblings; (List separately, with name and age)

- _____ (1)
- _____ (2)
- _____ (3)
- _____ (4)
- _____ (5)

The use of the photographs taken during the visit, are to share about Secret Sleigh Project and it's purpose to bring Christmas joy to families, by providing a visit from a Santa who is a volunteer contractor through Secret Sleigh Project. The photos will be used only in this purpose and no names, ages, location, or additional family information will be shared. The photos are for presentation under any legal condition, including but not limited to: publicity, copyright purposes, illustration, news media across all platforms, social media, illustration, advertising, and web content.

I understand that there shall be no payment for this release ___ (initial)

I understand that no royalty, fee or other compensation will be given to me, or the volunteers of Secret Sleigh Project for the photos ___ (initial)

I understand that I may revoke this authorization at any time, within 15 days notice of any publication, media network share, or social media share which was previously authorized with my consent. The revocation will not effect any actions taken before the

receipt of this written notification. The photos will be kept and used only as long as they are relevant and after that time, archived or destroyed.

I _____ (parent/guardian) do sign this day _____, of _____, 2022.

Signature _____.



2022 FAMILY LIABILITY RELEASE

Liability Terms You the Santa Volunteer-Visited Family (“Family Contact”), by signing the release portion of this document, give your permission for Secret Sleigh Project to work and entertain under the following conditions.

You agree to accept all responsibility for all persons at your home during Santa’s visit. Upon signing this document, you are releasing Secret Sleigh Project from all liability and responsibility for persons at the event's location, before, during and after the visit from Santa. As a result of signing this release, Secret Sleigh Project is free of any liability, and you, the signing person will accept full liability and responsibility for persons at Santa’s visiting location/your home.

The Family Contact also agrees to support the child being visited, to:

*Be in the room with the child(ren) and present with the Secret Sleigh Project volunteer/Santa/Mrs. Claus to promote safety for the child and help create a successful interaction between them and the Secret Sleigh Project volunteer/Santa/Mrs. Claus. There must always be a caretaker that is above 18 and has experience caring for the child, in the room with the child(ren) during the visit.

*Cancel or reschedule a visit upon any sign of illness. Santa and his volunteers are expected to do the same.

*Be clear and kind with your expectations regarding mask use/no mask use, vaccination requirements and COVID-19 precautions in your home. When Santa first contacts you, discuss your needs and he will do his best to support you and your family. Please also be respectful of Santa and his needs, as he is visiting many children throughout this season and wants to protect everyone involved.

I agree to the terms listed and accept the terms of liability. I accept full responsibility and liability for all property and persons at this location and release Secret Sleigh Project from all responsibility and liability.

Family Contact (Print Name) _____

Signature _____

Date _____ Phone _____

Address _____

City, State _____ Zip _____

Email Address _____