



ORPHAN CARE PROJECT CONSENT FORM

This form must be signed by an authorized representative of the organization receiving fundraising assistance.

Support Raising Agreement

The undersigned parties acknowledge they are freely agreeing to the following terms and conditions as a requirement to participate in the grant process for *Both Hands* (BH):

- The undersigned agrees that *BH* will manage the funds raised through this *BH* project. *BH* will provide regular updates on the fundraising account total. The report includes the names, addresses, email address, and amount received. *BH* will send a check with the total raised to the benefitting organization after the project is completed. Any funds received after will also be sent to the benefitting organization.
- The undersigned understands and accepts that all funds and/or donations received by *BH* are under the ultimate control of the *BH* Board of Directors that make all final decisions regarding distributing and/or grants of any funds.
- The undersigned understands, accepts and agrees to use any and all funds received by *BH* exclusively for legitimate orphan care initiative expenses related to the designated 501c3 organization.
- The undersigned agrees that if the applying organization cancels the orphan care initiative before the grant of funds raised through the *BH* project has been received, the organization will notify *BH* immediately. Any funds raised will be used to further the ministry of *BH*, and/or to assist with adoption funding or other orphan care initiatives. Donations cannot be returned to donors.

Limit of Liability

The undersigned acknowledges that *Both Hands* has made no representation or warranty that financial aid or assistance will be furnished to the undersigned; and further acknowledges that *Both Hands* shall have the sole discretion to accept or deny this application with or without cause. The undersigned further releases and holds *Both Hands* harmless from any liability of any type or nature as a result of allowing the undersigned to submit this application.

Permission

Photographic Release. The undersigned hereby grants and conveys unto *Both Hands* all rights, title, and interest in any and all photographic images and video or audio recordings made during the Volunteer's Activities with *Both Hands*, including, but not limited to, any royalties, proceeds, or other benefits derived from such photographs or recordings. The undersigned also grants *Both Hands* permission to use story, photographs, videos, and other submitted material for any purpose, in any form, and on any media.

Signatures

The undersigned, a designated representative of the organization listed above, understands and agrees to the terms and conditions outlined in this application. All information contained in this application is accurate to the best of the representative's knowledge.

Printed Name: _____ Signature: _____

Title: _____ Date: _____

Submit by mail or email to: Both Hands, P.O. Box 2713, Brentwood TN 37024 or amanda@bothhands.org

www.BothHands.org

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