



**WE NEED YOUR HELP TO CONQUER KIDS CANCER!!!!!!
PICTURE THIS:**

There are more than 1,100 students at Calusa. If half of our student population participates by donating \$50 each, we would raise \$28,000.
If EVERY student participates, we would raise upwards of \$56,000.
Any and all donations, no matter the amount, are welcomed!

It is time for our **11th Annual** St. Baldrick's event! Our event will be taking place on Friday, May 24th at Calusa. Last year our St. Baldrick's event was a huge success in which we raised more than \$68,203. This year our goal is to raise at least \$70,000. We are pleased to announce that over the past ten years Calusa has raised more than \$420,000. Go Calusa!!

This year we are hoping to bring our total to at least half a million dollars.
There are many ways that you and your family members can participate
AND SHAVING IS NOT THE ONLY WAY...

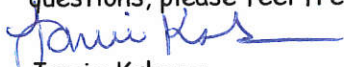
Option #1:	Option #2:	Option #3:
<p align="center"><u>SHAVEE</u></p> <p>*You must raise at least \$50 to participate</p> <p>*Complete the St. Baldrick's Participant agreement & check <i>Shavee</i></p> <p>*Complete the attached release & consent form</p>	<p align="center"><u>CUT & Donate your Hair</u></p> <p>*You must raise at least \$50 order to participate</p> <p>*Complete the St. Baldrick's Participant agreement & check <i>Volunteer</i></p> <p>*Complete the attached release & consent form</p>	<p align="center"><u>Volunteer To Raise Money</u></p> <p>*You must raise at least \$50 in order to participate</p> <p>*Complete the St. Baldrick's Participant agreement & check <i>Volunteer</i></p> <p>*Complete the attached release & consent form</p>

****All forms must be turned in by Monday, May 20th in order to participate...NO EXCEPTIONS****

Please have your children hand deliver their **completed** registration forms to their **homeroom teacher** who will then turn it into us. Once it is received we will register your child or family member and provide you with your own login and password on the St. Baldrick's website for you to raise money.

PLEASE DO NOT REGISTER YOUR OWN CHILD as it makes it difficult for us.

Thank you very much for your consideration and future participation in our school's philanthropic efforts this spring. We are looking forward to making a great collaborative impact through our students and their families toward this worthy cause. If you are new to Calusa this year and are not familiar with this event, or just have questions, please feel free to contact us at any time and visit the website at www.stbaldricks.org


Jamie Kshonz

jamie.kshonz@palmbeachschools.org


Joanne White

joanne.hall@palmbeachschools.org

Kids can't fight childhood cancer alone. Three minutes from now, a child will be diagnosed with cancer, and another family will be faced with the very real possibility of losing their child. Will you help?



This year's event will be dedicated to our beloved PE coach and friend, Scott Johnson. This was Coach's favorite event at Calusa that he held dear to his heart. For 10 years in a row, Scott grew his hair for an entire year in order to motivate all the students to participate. We will never forget the way he danced across the stage, smiling ear to ear, with the crowd cheering him on as he shaved his head. We know that he will be with us on this day and would love to see all of the student body participate and share the joy that he did each and every year. We chose to celebrate his life with a Hawaiian themed event, "Calusa means OHANA!" Please support St. Baldrick's this year in his memory!



Teacher: _____
Birthday: _____
(m/d/y)

Participant Agreement

Mandatory for All Organizers, Volunteers, Shavees, Children & Families Touched by Cancer

I understand that the name St. Baldrick's, the logo, and the leprechaun icon are registered trademarks of the St. Baldrick's Foundation ("SBF"). I agree that the use of such registered trademarks in any printed materials or advertising requires the prior written approval of SBF. I also agree that I will not allow or participate in the use of a razor to shave the head of anyone at the activity benefitting SBF (if head-shaving is taking place), and that I will review and abide by SBF procedures regarding the proper handling of financial donations and assist SBF in clarifying and recognizing any and all donations collected by me as a representative of and volunteer for SBF, as described on SBF's website. The SBF Head Shaving Event Program is a valuable and special asset of SBF that provides a unique way for our volunteers to raise funds. In consideration of this unique collaboration, I agree that from today and continuing for a period of three (3) years after completing this agreement I will not directly promote or recruit for any head shaving fundraising events other than SBF head shaving events. This restriction shall apply to the geographical area that includes the United States in its entirety.

In order to accomplish our shared purpose, SBF may be required to grant me access to confidential information and proprietary technology, processes and know-how of SBF ("Confidential Information"). I understand and agree that Confidential Information, including but not limited to volunteer information, donor information and web application access provided, has been developed or obtained by SBF through investment of significant time, effort and expense. I agree to keep confidential all Confidential Information provided by SBF, and not to use any such Confidential Information unless legally required to do so. In which case it shall give written Notice to SBF, as soon as possible, of its intent to comply with legal process.

PUBLICITY CONSENT & RELEASE

I hereby irrevocably grant SBF permission to use my name, biographical and occupational description, and business and personal information as provided by me to SBF. In addition, I hereby irrevocably grant permission to use and waive any rights of compensation or ownership of any pictures, film footage, likenesses, voices, or any or all of them in a greeting card, recording, print ad, motion picture film, television production or reproduction, direct mail piece, newsletter, website article, website event, social media event or article, event donation page, press release, sound track recording film strip, or still photograph related to my participation in this event/activity, used for purposes of furthering the charitable aims of SBF.

Furthermore, I hereby grant to SBF, its clients, successors, assigns and/or anyone acting under the authority or permission of any of them, the right to make originals of any of the items referred to in the preceding paragraph, to use such items in advertising and publicity in any and all publications and other media without limitation or reservation for any lawful purpose, to reproduce in any form or manner, and to copyright any such items in connection with the charitable aims of SBF.

I understand that neither I nor my business shall receive any compensation for my or my business' appearance in SBF promotional materials or activities. I hereby agree to hold SBF harmless and to indemnify SBF and its volunteers, contractors, agents and employees, and anyone acting under the authority or permission of SBF, from any and all claims arising out of, or resulting from, the use of any unauthorized images provided by me to SBF or shared by me on the SBF website.

AGREEMENT ON CONDUCT

I understand that in participating in an event or fundraising activity benefitting SBF, I am responsible for conducting myself reasonably and with due regard for the safety and welfare of others. I understand that my commitment of time and funds to the Foundation does not in any way grant me the authority to act on behalf of SBF, and understand that I cannot sign contracts or make other agreements on SBF's behalf, including but not limited to agreements with other charities or fundraisers, even with respect to the event/activity benefitting SBF. I agree to follow all state and local regulations with regard to all activities in relation to my fundraising activities for SBF and understand that I have a duty to cooperate with SBF in all regards.

FITNESS FOR EVENT

I agree not to participate if, at the time of service, I know or have reasonable grounds to believe that I am not physically capable of participating in the event/activity, or if I have a communicable disease which could reasonably be expected to be transmitted during the course of this event/activity, including receiving barbering services, if applicable. I will inform SBF of such communicable disease prior to my participation in the event/activity and/or receiving barbering services, if applicable. Such diseases include, but are not limited to: cold, influenza or other respiratory illness, streptococcal pharyngitis ("strep throat"), purulent conjunctivitis ("pink eye"), pertussis ("whooping cough"), varicella ("chicken pox"), mumps, tuberculosis, impetigo (bacterial skin infection), pediculosis (head lice), scabies ("crabs") and any other disease that could reasonably be transmitted during the course of the event/activity, including receiving barbering services. I understand that certain diseases may prevent me from being able to participate in the program, and that SBF reserves the right to prevent me from participating in the event/activity if it determines that there is a reasonable possibility that my participation may result in the transmission of a communicable disease to other participants.

HOLD HARMLESS, WAIVER, AGREEMENT ON CONDUCT, & ASSUMPTION OF RISK:

I, _____, an individual, have freely and voluntarily chosen to participate in this event/activity benefitting SBF. I understand that there are certain risks associated with participating in any event/activity and participation is not without risk to myself, my employees, members of my family, or guests who may attend. I understand such risks include, but are not limited to, personal injury, property damage or loss, and death.

In consideration of and as inducement to SBF's acceptance of my, or my child's entry for this event/activity benefitting SBF, I expressly assume any and all risks of such damage or injury occurring to me, my child, or my business at this event/activity, any other function benefitting SBF, or within the surrounding area thereto, and I hereby release and agree to indemnify, defend, and hold harmless SBF, and all its related entities, employees, directors, officers, members, volunteers, beneficiaries, venue hosts and agents from any and all liability of any nature, causes of action, debts, claims, and demands of every kind and nature, whatsoever, for injury or damage, which I or any member of my family or any other person accompanying me to this event may incur, or for which I may be liable, and which arises or is alleged to arise in connection with my or their participation in an event/activity benefitting SBF, whether occurring on the event grounds or the surrounding area thereto, or while traveling to or from such grounds or surrounding area. This release includes, but is not limited to, any claim for personal injury, property damage, wrongful death, and any and all fees and expenses related thereto whether the same shall arise by negligence, active or passive, or otherwise while I engage in this event/activity benefitting SBF or which may accrue thereafter in connection with the event/activity benefitting SBF, or in connection with any fundraising activities which I may conduct before or after the event/activity benefitting SBF.

I have read and understand this Agreement, and am aware of the legal consequences of signing this Agreement, which I agree is governed by the law and jurisdiction of the State of New Jersey, United States of America, regardless of where I live, where the Agreement is signed or where the event/activity benefitting SBF takes place. I agree that this Agreement will continue in full force and effect after the termination of the event/activity benefitting SBF, whether such termination is by agreement by operation of law or otherwise. I agree that if any provision of this Agreement is held invalid or unenforceable by a court of competent jurisdiction the remaining provisions will continue to be fully effective. I agree that a photocopy of this Agreement will be sufficient to demonstrate that I signed the Agreement and that an original need not be retained by SBF. I understand and agree that I may not participate or continue to participate in the event/activity benefitting SBF unless I have read and signed this Agreement, and that my execution of this Agreement binds both me and any business participating in the event/activity benefitting SBF of which I am a principal owner, or agent. I understand and agree that this Agreement contains the entire agreement between the parties, and supersedes any prior oral or written agreement concerning the subject matter.

PLEASE PRINT IN BLOCK LETTERS: Male Female Adult Minor*

Please print name: _____

Email: _____ Phone: _____

Did you already register online? Yes No

Address: _____

City: _____ State: _____ Postal Code: _____

Date: _____ Event location/venue: _____

Signature: _____

IF PARTICIPANT IS A MINOR (UNDER 18 YEARS OF AGE), A PARENT / GUARDIAN MUST COMPLETE THIS SECTION

I understand the nature of the SBF event and believe my minor child's ("the Minor") experience and capabilities to be such that the Minor is qualified to participate in the SBF event. I or someone designated by myself, shall (i) accompany the Minor at all times during the Minor's participation of the SBF event, (ii) inspect the premises, facilities, and equipment to be used or with which the Minor may come in contact and (iii) instruct the Minor to immediately leave the area and refuse to participate further in the SBF event in the event anything is unsafe.

I fully understand and will instruct the Minor that the activities at the SBF event may be dangerous and participation in the SBF event involves risks, including, but not limited to, risk of personal injury, property damage or loss, and death. I consent to the Minor's participation in the SBF event. I have read this Agreement, and understand that by signing it, I give up substantial rights I and/or the Minor would otherwise have.

Parent/Guardian Signature: _____

Parent/Guardian Name: _____

I am a(n): Organizer Shavee Volunteer Child touched by cancer Parent of a child touched by cancer
Are you a returning SBF shavee, organizer or volunteer? Yes No

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StBaldricks.org

/StBaldricksFoundation

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#StBaldricks



HAIR DONATION

- Hair must be a minimum of 8 inches
- Clean, **DRY**, and in a ponytail(s) or braid
- Place your **DRY** hair into a zip lock bag and then in any mailing envelope

Please allow 10 weeks to receive your certificate.



(PRINT CLEARLY)

Donor Name: _____

Email: _____ Phone: _____

We will email your certificate so we can save on postage expenses.

Save **info@childrenwithhairloss.us** to your contacts so it won't be delivered to your spam folder

Street Address: _____ APT/STE: _____

City: _____ State/Province/Region: _____

Zip Code: _____ Country: _____

(Optional) My certificate is in honor of: _____

PLEASE SHARE YOUR STORY & PHOTOS WITH US ONLINE!





Release and Consent for Student Information Publication

Parents (including legal guardians) are required to provide written permission to their child's school if they wish to:

- 1) allow their child to participate in school activities and the School District to publish the student's name, school name, grade level, photograph, video image, art work, writing, etc. in annual yearbooks, graduation programs, web sites, school newspapers, approved news gatherings, releases and articles, etc.
- AND**
- 2) allow publication to the public of certain specified information (such as honors received) related to their child.

DIRECTIONS: If this is a blanket consent for all student publications throughout the school year, the parent will check the appropriate box and provide the school year. If a one-time release and consent for a special project is required, the parent will check the special release box and list below the name of the special project publication. The parent will sign and return to the student's school.

Student ID #	Student Name (first, middle initial, last)	Grade
School Name	School Contact	Contact Phone Number
Calusa Elementary	Mrs. Kshonz & Mrs. White	561-989-7501
Parent/Guardian Name		

TYPE OF CONSENT (check one only)

blanket release and consent for all student information publications for school year _____
 I hereby give permission for the school or District to use my child's photograph, video image, writing, voice recording, name, grade level, school name, participation in officially recognized activities and sport, weight and height of members of athletic teams, dates of attendance, diplomas and awards received, date and place of birth, and most recent previous school attended, in annual yearbooks, graduation programs, playbills, school productions, web sites, social media sites, etc. and/or similar school or District sponsored publications or in school or District approved news media interviews, releases, articles, and photographs. I also provide permission for the release by the school or District to the media and governmental entities of my child's name, grade, school name and honors my child has received for public announcement of recognition of my student's accomplishments. I understand that without checking the permission box my child's name and photograph cannot and will not be included in any publications or presentation, including a school yearbook.

special release and consent for the student information publication listed below:

St. Baldrick's 2019

I hereby give permission for the school or District to use my child's photograph, video image, writing, voice recording, name, grade level, school name, etc. in the special production named above.

I also understand the production, publication, presentation or materials may be submitted for classwork, for open broadcast by *Instructional Television (ITV)*, *The Education Network (TEN)*, a film festival or contest or any other display according to the broadcast/ publication rules of the appropriate trade.

The School District of Palm Beach County shall have the right to sell, duplicate, reproduce or make other use of such rights transferred as The School District of Palm Beach County so desires. This agreement is given with free knowledge of the rights transferred to the School District of Palm Beach County. This agreement is made without restrictions or time limits.

- I give permission for the consent request indicated above.
- I do not give permission for the consent request indicated above.

 Signature of Parent/Guardian or Emancipated Student
 (including if age 18 or over - proof of age required)

 Date



Calusa St. Baldrick's T-shirt Order Form

\$20.00 each **(CASH ONLY)** -or-

You may also pay online at <https://palmbeach.schoolcashionline.com>

Student's Name: _____

Teacher Name: _____

Size	How Many	Cost
Adult Small		
Adult Medium		
Adult Large		
Adult X-Large		
Youth Small		
Youth Medium		
Youth Large		
Total		

Orders Due by Wednesday May 8th

This year's t-shirt will support our new theme: "Calusa means OHANA!"
(In memory of Coach Johnson)

The proceeds will go entirely to St. Baldrick's (minus the cost of production)