

HONORED HERO BIOGRAPHY QUESTIONNAIRE

Name: _____ DOB: _____

Address: _____

City: _____ St: _____ Zip: _____

Home Phone : () _____ E-Mail: _____

Diagnosis: _____ Date of Diagnosis: _____

Current Treatment: _____

Other Information:

Parent(s): _____ Sibling(s): _____

Pets names & species: _____

Please list your "Favorites" for the following categories: *(Feel free to elaborate or give extra details on the back of this page or on another sheet of paper)*

Foods: _____ Desserts: _____ Holiday: _____

Sports: _____ Teams: _____ Activities: _____

Colors: _____ Animals: _____

Movies: _____ Music/Groups: _____

Current Grade in School: _____ Favorite Subjects: _____

What do you want to be when you grow up? _____

Any additional information that you would like to share with our fundraising volunteers? *(clubs, awards, special interests??)*

****PLEASE SIGN & COMPLETE ALL PAGES OF THIS QUESTIONNAIRE****

I have willingly agreed to have my child participate in the Honored Hero Program as an ambassador for the programs and events of The Leukemia & Lymphoma Society, Palm Beach Area Chapter. I authorize the chapter to utilize his/her information or pictures for fundraising events as well as patient programs. This authorization is valid for present and future events.

Parent Signature: _____ Date: _____

****Please remember to include a recent photo when you return these forms to the Society.****

PROGRAMS & EVENTS OF INTEREST

As an Honored Hero, you will have the opportunity to participate in as many of our events as you would like and/or become active with some of our Patient Services programs.

Our Honored Heroes are important to our fundraisers. The Society staff makes every effort to ensure that you, as an Honored Hero, are informed about who is raising funds in your honor. We encourage you to be as active as possible so that the fundraisers have a chance to meet you. If you are unable to attend the events, we encourage you to send letters, email or call the fundraisers to provide encouragement and inspiration. It truly makes a world of difference for them.

Please check the boxes below for any/all of the event or programs that you are interested in.

PATIENT SERVICES PROGRAMS

Patient & Professional Education Forums - Provide education regarding blood cancers to the community.

Educational Materials - Browse our extensive library of patient information. We have free booklets, pamphlets, videos, posters and much more available at our office.

Family Support Groups - Attend our free support groups for patients and their families. All groups are led by trained healthcare professionals.

First Connection/ Ambassador - Newly diagnosed patients are matched with trained peer volunteers who have a similar diagnosis. They will listen, empathize and are ready to provide helpful information.

Patient Aid - The fight against cancer is an expensive one. We can help you cover some of your outpatient expenses including chemotherapy drugs, transportation, antibiotics and marrow transfusions.

Information Resource Center - The IRC offers accurate, current, disease specific treatment and coping information on blood cancers. The IRC can be reached at 800.955.4572.

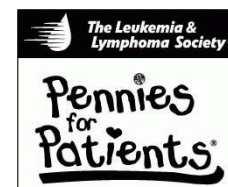
Back to School - Help ease the transition of going back to school after treatment. This program is designed for parents, school nurses, teachers and school guidance counselors.

FUNDRAISING PROGRAMS

- The Society's Team In Training® (TNT) is the world's largest endurance sports training program. Participants of all athletic levels are supported in achieving the ultimate goal of walking or running a half or full marathon, cycling a century ride or completing a triathlon while raising funds to support the Society's mission. Each Team member participates on behalf of an Honored Hero. Honored Heroes are not only an inspiration for Team members to reach their fundraising goals, but also to complete their training and cross the finish line at their event! Honored Heroes are invited to several Team socials and events each training season. *Timeline: TNT has three seasons per year. "Summer" season is January through June; "Fall" season is May through October; and "Winter" season is August through January. Heroes can sign up for one or more seasons depending on their schedule and which season they feel they will have time to offer the team.*



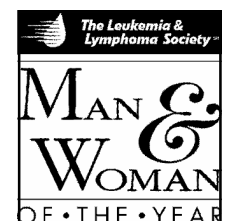
- Students across the country collect pennies, nickels, dimes and quarters during the Pennies for Patients campaign held each school year. With Pennies for Patients, one class from each school that collects the most change receives a pizza party. Prizes such as computers, electronics and sports equipment are presented to the top fundraising school in each area. Honored Heroes are matched with participating schools and help inspire the students to fundraise. Students and their Heroes exchange letters throughout the program. *Timeline: Pennies for Patients occurs January through March.*



- The Light The Night® Walk is The Leukemia & Lymphoma Society's nationwide evening walk to raise awareness of blood cancers and funds to help find a cure. Participants carry red illuminated balloons, while patients and survivors carry white illuminated balloons to celebrate and commemorate lives touched by cancer. Participants walk on behalf of those who have been diagnosed with a blood cancer. Honored Heroes and their families are invited to participate in this event and to help us "Light The Night!" *Timeline: Light the Night events occur August through February.*



- Every year candidates throughout the country accept the challenge to vie for the title of Man & Woman of the Year. After eight weeks of fundraising, the announcement of Man & Woman of the Year will be announced among prominent community members at the Grand Finale Celebration. Honored Heroes are chosen and asked to participate as our local Boy & Girl of the Year. During the following year, each community's Man & Woman of the Year winners are profiled in local press and other announcements. Candidates throughout the country are truly extraordinary individuals with amazing community outreach and fundraising skills. *Timeline: Man & Woman of the Year events occur March through June.*



HONORED HERO INFORMATION AUTHORIZATION AND RELEASE

I am signing this Authorization and Release on behalf of: _____ (my "Dependent"), for whom I am the parent/guardian.

Agreement to be Portrayed as an Honored Hero

I hereby agree to allow my Dependent to be portrayed as an "Honored Hero" of The Leukemia & Lymphoma Society, Inc. (the "Society"). I understand that the Society will be publicizing information about its Honored Heroes in various media, including, but not limited to publication on the Internet, news releases, videotapes and printed materials.

Permission to Use Name and Likeness

In connection with my Dependent's status as an Honored Hero, I hereby authorize and permit the Society or its authorized agent, without compensation therefore, to photograph, publish, reproduce, record and use, my Dependent's likeness, with or without my Dependent's name at the Society's discretion (the "Name and Likeness").

Permission to Release Contact Information

"Contact Information" concerning my Dependent refers to mailing address, telephone number and email address.

___ I agree that the following Contact Information may be made available to the public: ___ mailing address ___ telephone number ___ email address

___ I do not wish Contact Information to be made available to the public. **I agree, however, that Contact Information may be released to authorized agents of the Society.**

Permission to Release Health Status Information

I have voluntarily given certain information regarding my Dependent's health status to the Society (the "Health Status Information"), and agree to provide updates regarding this status as requested by the Society. I understand that I am not required to provide every detail of my Dependent's health status to the Society, but only those details that I am comfortable sharing with the public. I grant the Society permission to publish, reproduce, use or broadcast the Health Status Information I have shared with them in connection with the Society's fundraising and charitable efforts.

Withdrawing Permission to Use Health Status Information

I understand that I may ask the Society to stop using the Health Status Information. I may withdraw this permission by contacting the Society, or my legal representative may contact the Society if I am unable to do so. I understand that this withdrawal of permission must be made in writing and should be sent to the address above. I understand that the Society will use reasonable efforts to comply with my withdrawal request, but that the withdrawal will not affect disclosures that have already been made and may not affect ongoing publicity campaigns.

Release of Liability

I, on behalf of my Dependent and my or my Dependent's successors in interest, heirs, assigns and representatives, hereby fully release and hold harmless the Society and its affiliates, their officers, directors, members, employees and agents, successors and assigns (be they individuals or organizations), together with their insurers and sponsors, (collectively the "Indemnified Parties") from any and all liability, claims, loss or damages that may arise from the use and release (as described above) of the Name and Likeness, the Contact Information, or the Health Status Information, or any other loss or inconvenience whatsoever, suffered by my Dependent at any time hereafter arising out of my voluntary agreement to be portrayed or to allow my Dependent to be portrayed as an Honored Hero, whether for libel, violation of right of privacy or anything else, and whether resulting from the negligence of the Indemnified Parties or otherwise. I agree that all text, photographs, motion pictures, negatives, prints and transparencies, videotapes and audiotapes made of and/or by me or my Dependent by or for the Society, shall be the exclusive property of the Society, which in its sole discretion may use this material as it sees fit.

This Information Authorization and Release will be governed by and subject to the laws (without regard to the choice of law principles thereof) and exclusive jurisdiction of the courts of the State of New York.

(NOTE: If the Honored Hero is a minor (under the age of 18), the consent of a parent or legal guardian must be obtained. If the minor is old enough to understand what is being done, he/she should also sign.)

HONORED HERO NAME: *(please print)*

Honored Hero Signature

Parent/Legal Guardian Signature

Date

Address:

City:

State:

Zip:

Phone:

Email:

The Leukemia & Lymphoma Society Representative's Name:

PHOTOGRAPHY / TEXT AUTHORIZATION AND RELEASE

I hereby authorize and permit The Leukemia & Lymphoma Society or its authorized agent, without compensation therefore, permission to photograph, publish, reproduce, record and use, with or without my name or the name of the person for whom I am the parent/guardian. This includes but is not limited to photographs, quotes and/or text, motion pictures, videotapes, website information or audio tapes of and/or by me or the person for whom I am the parent/guardian.

I release The Leukemia & Lymphoma Society from any and all legal liability that may arise from the release of information requested. I agree that all text, photographs, motion pictures, negatives, prints and transparencies, videotapes and audio tapes made of and or by me or the person for whom I am the parent/guardian by or for The Leukemia & Lymphoma Society, shall be the exclusive property of The Leukemia & Lymphoma Society which in its sole discretion may use this material as it sees fit.

HONORED HERO NAME: *(please print)*

Honored Hero Signature

Parent/Legal Guardian Signature

Date

Address:

City:

State:

Zip:

Phone:

Email:

The Leukemia & Lymphoma Society Representative's Name:

For Official Use:

Purpose of Photo/Text:

Photographer:

Photo/Text Requested By:

Comments:

NOTE: *If the subject of the photograph, motion picture, videotape, news release or story is a minor (under 18 years of age), the consent of a parent or legal guardian must be obtained. If the minor subject of the photograph or text is old enough to understand what is being done, he/she should also sign).*