



Jamie's Hope (JH) supports personalized medicine research at The University of Texas M.D. Anderson Cancer Center while helping those directly affected by cancer and raising awareness on cancer prevention and early detection.

The Bald is Beautiful (BIB) program is complimentary and offered year round at JH. The BIB program is designed to empower those who are struggling with the reality of dealing with hair loss as a result of chemotherapy. Going through chemotherapy is so challenging and losing your hair can be devastating. We want you to know that you are not alone and your hair is just hair. You are still beautiful!

JH will set up an intimate, complimentary photoshoot where volunteers, makeup & photography professionals will join together to help create a great experience for you. Let us pamper you and capture this time in your life!

Please review the following information and complete this application in order for us to consider you as a participant.

1. Determination: Participant can be on or off treatment. Participants hair length must range from bald to one inch.
2. Submit application and current photo.
3. JH will review applications as soon as possible to determine availability and if you are a candidate for the BIB program.
4. A JH representative will contact you via email, phone, or text to let you know if we can set up a photoshoot for you.
5. If moving forward we will email, phone, or text to discuss schedules, availability, and photoshoot ideas.
6. Check out our Bald is Beautiful photo albums of past shoots for ideas on our website www.jamieshope.org or on our Facebook page. (be sure to like our page while visiting) www.facebook.com/JamiesHopeForACure
7. Then its Pamper, Pose, Camera, Shoot!

Please contact Cindy Barnes at cindy@jamieshope.org or 713-857-5255 for any questions you may have.



All portions of this application must be completed in full. Don't forget YOU MUST submit a recent photo of the cancer patient. Please note: this is an application and does not automatically qualify your acceptance to the Jamie's Hope Bald is Beautiful program. Submit this application to cindy@jamiesshope.org

Applicant Information:

Name: _____ Relation to Patient: _____
Phone: _____ Email: _____
Address: _____
City: _____ State: _____ Zip Code: _____
How did you hear about our program: _____

Cancer Patient Information:

Name: _____ Age: _____ Birthday: _____
Cancer Type: _____ Where patient is being treated: _____
Shirt Size: _____ adult juniors kids infant Pants Size: _____ adult juniors kids infant
Dress Size: _____ adult juniors kids infant Shoe Size: _____ adult juniors kids infant

Tell us a little about yourself and story.

I certify that the information provided in this application is accurate and truthful to the best of my knowledge. I give Jamie's Hope permission to verify any/all information on these forms.

Applicant/Guardian Signature: _____ Date: _____



MEDICAL WAIVER AND PHOTO RELEASE OF LIABILITY

In consideration of being allowed to participate in Jamie's Hope Programs, related events and activities, the undersigned acknowledges, appreciates and willingly agrees that:

I do hereby give Jamie's Hope, its assigns, licensees, and legal representatives the irrevocable right to use my, my spouse's (if applicable) & my child(ren)'s name, any medical information I provide, picture, portrait, image, video or photograph in all forms and media and in all manners, including composite, for advertising, for publication or any other lawful purposes, and I waive any right to inspect or approve the finished product, including written copy, which may be created in connection therewith.

I hereby waive all claims for damage or loss to my person or property which may be caused by any act, or failure to act of Jamie's Hope, its officers, agents, employees, or volunteers or of any Jamie's Hope affiliated agency, its officers, agents, employees, or volunteers. I assume the risk of all dangerous conditions in and about property where I am doing volunteer service or participating in any capacity with Jamie's Hope.

I release all photograph/video taken during any Jamie's Hope interaction/event/activity. I understand that I will not receive compensation of any kind, and that my likeness may be reproduced by any means currently existing or developed in the future. I give my permission to Jamie's Hope, its licensees and its member organizations.

FOR PARENTS/GUARDIANS OF PARTICIPANTS UNDER 18 AT TIME OF REGISTRATION:

This is to certify that I, as parent/guardian with legal responsibility for this participant, do consent and agree to his/her release, as provided above, of Jamie's Hope, and, for myself, my heirs, assigns, and next of kin.

Applicant/Guardian Signature: _____ Date: _____

Printed Name: _____ Relation to Patient: _____

For Office Use Only:

Photoshoot Date: _____ Photoshoot Location: _____

Photographer: _____

Makeup Artist: _____

Other: _____