



PERMOBIL FOUNDATION IN-KIND/PRODUCT APPLICATION

CLIENT INFORMATION

First Name: _____ Last Name: _____ Age: _____
 Address: _____
 City: _____ State: _____ Zip Code: _____
 Email: _____ Phone #: _____
 Diagnosis: _____ Product Requested: _____

DEALER INFORMATION

IMPORTANT: All applicants must have a quote from a dealer PRIOR to submitting application

Name of Dealer: _____
 Dealer Contact/ATP Name: _____ Email: _____
 Permobil Quote #: _____ Permobil Representative: _____

INSURANCE INFORMATION

IMPORTANT: All insurance options MUST be submitted and denied PRIOR to application submission

Do you have insurance? Yes No

If yes (please check one): Medicare Medicaid Private Insurance

Was your insurance denied in full or partially denied? _____

Have you appealed the insurance denial? Yes No

DONATION REQUEST: Explain an overview of your request and critical need (limit to 5 sentences).
Please attach a note from your doctor or physical therapists regarding the medical necessity of your request.

Certification and Acceptance: *I certify that information contained herein is true and complete and accept the obligation to comply with the terms and conditions if the request is awarded as a result of this application.*

Non-Discrimination: *The Permobil Foundation will not make contributions that discriminate on the basis of race, color, religion, gender, mental or physical disabilities, sexual orientation, national origin, age, citizenship, veteran/reserve/national guard status or other protected status; partisan political organization; or groups limited to members of a single religious organization.*

PUBLICITY WAIVER AND RELEASE AGREEMENT:

I hereby irrevocably permit, authorize and license to Permobil Foundation and its licensees, assigns, successors, parent company, subsidiaries, owners, operators, and other affiliates, and each of the respective officers, directors, employees, shareholders, contractors, agents, associates, and representatives, (collectively "Assignees"), the universal, unrestricted and perpetual right to use my name, image, likeness, voice and/or appearance as such may be embodied or recorded in any photos, video recordings, audiotapes, digital images, or any similar medium, (collectively "Information"). I understand this waiver and release signifies that the Information described herein may be electronically displayed via the Internet or via any other medium with no time limit on or geographic limitation to which these materials may be distributed. By signing the in-kind product application and/or sponsorship application, I hereby waive any right that I may have to inspect and/or approve the finished works or the use(s) of the Information. I further hereby release, discharge and agree to hold harmless Assignees from any liability, any claim or cause of action, whether now known or unknown, for defamation, invasion of privacy, publicity or personality or any similar matter, or based upon or relating to the use and exploitation of the Information. PARENTS OR GUARDIANS OF CHILDREN UNDER AGE 18 MUST SIGN THIS RELEASE: I am the parent or guardian of the minor named above. I hereby make and enter into each and every representation, license and assignment described above on behalf of me, the minor, and any other parent or guardian of the minor. I believe and represent that I have legal authority to make these representations, grant this license and assign the Information to Assignees, and I agree to indemnify Assignees for all liability arising out of any lack of authority on my part to make such representations.

Signature of Applicant _____ Date _____

Please ensure the following are included with your application:

- Completed application with signature of applicant.
- Quote # *(if you have a copy of your quote please include with your application)*
- Copy of insurance denial
- Letter of medical necessity from doctor/physical therapist

To submit application:

- Email to: Info@permobilfoundation.org OR
- Mail to: *(please do not staple pages together)*
 - Permobil Foundation: 300 Duke Drive · Lebanon, TN 37090