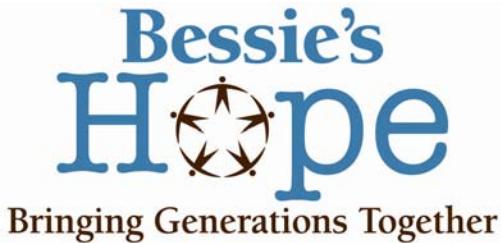

Date _____

School/Youth Group Name _____



Dear Parent/Guardian:

As your son or daughter begins his or her involvement with Bessie's Hope, I'd like to give you more information about our organization. The work of Bessie's hope is dedicated as a living legacy to Bessie "Granny" Stephens. Her experience as a nursing home resident inspired the creation of the 501C3 non-profit organization called Bessie's Hope in 1994.

Bessie's Hope Programs:

1. **Youth and Elders:** trains youth and facilitates structured, ongoing visits between schools, and other community youth organizations, and elder care community participants. These visits engage the youth and the elders in meaningful activities and provide opportunities for relationship-building. The youth and elders feel valued and needed, and they both gain increased self-worth. Participating schools infuse this "service-learning" experience into their students' academic curriculum.
2. **Family and Elders:** trains and matches volunteers (youth, adults and families) with residents who receive little or no visitation. Sixty percent of nursing home elders receive no personal 1:1 visitors. Bessie's Hope replaces hopelessness and loneliness with the caring presence and loving touch of our volunteers.
3. **Community and Elders:** trains, coordinates and facilitates nursing home visits for businesses and organizations. The unique, heartwarming interaction creates a team-building experience among volunteers. If you would like to get your place of employment involved, whom may we contact? _____
4. **Dreams Can Still Come True:** fulfills dreams and wishes for elders.

We invite you to visit your youth's partnership. You'll be proud of the smiles he/she brings to the elders. The older generations and younger generations need each other. Through Bessie's Hope, lives are transformed

With appreciation,

Sharron Brandrup

Executive Director

Youth and Elders Program Waiver and Release Statement

In acceptance of participation in any event operated under the control of Bessie's Hope and its management, employees or volunteers, I assume all risks attendant by acknowledging that I am responsible for my personal safety and well being. I hereby release, waive and forever discharge the Bessie's Hope program and its management, employees, volunteers and any organization affiliated with Bessie's Hope in any capacity, from any and all claims or actions of any kind for personal injuries, personal or other property damage, loss or liability that I may sustain during my travel to or from or at the event.

I also hereby give Bessie's Hope, their contractors, promoters, assignees, etc. the absolute and irrevocable right and permission to use or publish photographs or videotape taken of me and/or to use or publish statements/remarks I have made at a Bessie's hope event.

_____ I have read and understand all of the Waiver and Release Statement, and certify that I am at least 18 years of age and therefore my own responsible party.

_____ I am the parent or guardian and therefore the responsible party of a participant who is under18 years of age.

Signature of Responsible Party _____ Print Name of Participant _____

Print Name of Responsible Party _____

(Please include address/email address if you would like to receive our newsletter.)

P. O. Box 12675 Denver, CO 80212 Ph. 303-623-1176 Fax 303-623-2152 Email info@bessieshope.org
www.bessieshope.org

Bessie's Hope is a living legacy to Bessie "Granny" Stephens