



Project Night Night

Adopt a Night Night Package Program

How to Get Started:

- ❖ Gather your gang to fill 1-5 Project Night Night tote bags per person (or more). We ask that you or your team completes a total of 10 (minimum) Night Night Packages for delivery to a shelter. Less than 10 will need to be shipped to one of our office locations.
- ❖ Each Night Night Package must contain a new (with tags or newly made) blanket, a new book, and a new animal (but may contain other nighttime items such as a toothbrush/toothpaste, pajamas, socks and/or note).
- ❖ Order tote bags (we ask you to help us by covering the cost of the tote bag and shipping at \$3.50 per bag). **Project Night Night Tote bags are required.**
- ❖ ORDERING INSTRUCTIONS:
 - Order online at: www.projectnightnight.org/order-tote-bags or
 - Email: totes@projectnightnight.org
 - Subject Line: Tote Bag Order & YOUR NAME/ORGANIZATION
 - Include # of tote bags requested, mailing address (please no p.o. boxes) and phone number for shipping purposes.
 - All totes ship once a week via priority mail or Fedex Ground. Please expect your totes in approximately 7-10 business days.
 - Invoice and Project Consent Form will ship with your tote bags and should be returned in the envelope provided (each participant should sign the Project Consent Form).
 - If you would rather speak to us by phone, please call Jessica at 734-277-7950.
- ❖ Please place a tag (any type is fine) on each bag to indicate the ideal recipient (i.e Girl/Boy age 2-5 or Girl/Boy age 7-10). Please use the book you include in the tote as your age guideline. A sample tag template is also available on our website at: www.projectnightnight.org/resources
- ❖ Coordinate with Jessica in our office (Jessica@ProjectNightNight.org) to locate the shelter most in need at the time of your delivery. Please note, that the delivery will most likely be made to a shelter's administrative office.

We would be delighted to receive photos of your event!





Project Night Night

Project Night Night Project Consent Form

Project Night Night offers a wonderful experience to its volunteer participants, and teaches them a great deal about themselves and those around them.

I, the undersigned, in consideration of the services, guidance, and program of Project Night Night, a California nonprofit corporation and tax-exempt public charity, their agents, owners, participants, and employees (herein after collectively referred to as “PNN”), hereby agree to release, indemnify and hold harmless PNN on behalf of myself, my spouse, my children, my parents, my heirs, assigns, person representative and estate as follows:

1. I have volunteered to assist PNN with its charitable activities. I volunteered my time and services because I support PNN and desire to participate in furthering its charitable purpose. I understand that my activities as a volunteer may entail a risk of physical injury. I may be exposed to hazards, including, but not limited to, hazards associated with manual labor and operating a motor vehicle. I understand that undertaking deliveries to shelters may have inherent dangers and risks due to the location and clientele of the shelter itself and its surroundings. PNN does not visit shelters to assess the safety of the environment, condition of the premises, or any other risks associated with delivery. I understand and assume all such risks.
2. Because the assertion of claims against PNN for personal injury occurring during my volunteer service would be antithetical to my support of PNN and its goals and would reduce the ability of PNN to accomplish its charitable purpose, and in consideration of PNN’s permitting me to engage in volunteer activities and other good and valuable consideration, the receipt and sufficiency of which I hereby acknowledge, I am granting this release of liability.
3. I hereby release, forever discharge, and agree to indemnify and hold harmless PNN from any and all claims, demands, or causes of action, which are in any way connected to my participation in volunteer activities for PNN, including any such claims which allege negligent acts or omissions of PNN.
4. In the event that I file a lawsuit against PNN, I agree to do so solely in the state of California, and I further agree that the substantive law of California shall apply in that action without regard to conflict of law rules of that state. I agree that if any portion of this agreement is found to be void or unenforceable, the remaining document shall remain in full force and effect.
5. I realize that any photos taken or submitted to PNN during a PNN related program or event become the property of PNN and may be used in printed literature or marketing materials. I realize that there will be no compensation paid for the use of said photos.

If you do not want your photo used in marketing materials, please check here

By signing this document, I acknowledge that I have had sufficient opportunity to read this entire document. I have read and understand it, agree to be bound by its terms & consent to my or my child’s PNN volunteer activities.

Date _____	
Participant/Guardian Name (print) _____	
Participant/Guardian Signature _____	
Home Address _____	
Daytime Phone _____	Participant/Guardian Email _____

By signing this document, I acknowledge that I have had sufficient opportunity to read this entire document. I have read and understand it, agree to be bound by its terms & consent to my or my child's PNN volunteer activities.

Date _____
Participant/Guardian Name (print) _____
Participant/Guardian Signature _____
Home Address _____
Daytime Phone _____ Participant/Guardian Email _____

Date _____
Participant/Guardian Name (print) _____
Participant/Guardian Signature _____
Home Address _____
Daytime Phone _____ Participant/Guardian Email _____

Date _____
Participant/Guardian Name (print) _____
Participant/Guardian Signature _____
Home Address _____
Daytime Phone _____ Participant/Guardian Email _____

Date _____
Participant/Guardian Name (print) _____
Participant/Guardian Signature _____
Home Address _____
Daytime Phone _____ Participant/Guardian Email _____

Date _____
Participant/Guardian Name (print) _____
Participant/Guardian Signature _____
Home Address _____
Daytime Phone _____ Participant/Guardian Email _____