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2025 ROOM MAKEOVER PROJECT

For Children in Need

Our Mission with the annual Room Makeover Project is to provide children whose parents or guardians do not have the means to provide for them, a room they can enjoy. A room that fits their personality and gives them a safe and comfortable space.

Completed nomination form must be submitted by June 25, 2025 to Lakeland REALTORS® Attn: Heather Cook 619 E. Orange St. Lakeland, FL 33801 hcook@Lakelandrealtors.org Fax 863-688-8253 Winners will be annouced in first week of July. Room makeovers and reveals will take place on August 21-23, 2025.



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2025 ROOM MAKEOVER NOMINATION FORM

Nomination instructions:

We ask that the person nominating the child **please include a 150 - 300 word essay** on why they are nominating the child. Essay should be included on page 4. The parent/guardian must sign the Rules & Regulations, Liability Waiver, and Photo & Media Consent Form. This signed from must be submitted with the Nomination.

Nominated By:

| Name: | | | | | | |
|------------------------------|--|--|--|--|--|--|
| Phone #: | Email: | | | | | |
| | Date: | | | | | |
| Child Being Nominated | | | | | | |
| Name: | | | | | | |
| Age: | Gender: | | | | | |
| Does the child share a room | | | | | | |
| If yes, with how many? | | | | | | |
| Please provide the name with | age(s) & gender(s) of the child(ren) they share a room with. | | | | | |
| | | | | | | |
| Name: | | | | | | |
| | Email: | | | | | |
| Address: | | | | | | |
| | | | | | | |
| | | | | | | |
| Relationship to Child : | | | | | | |
| Primary Language Spoken: _ | | | | | | |



Lakeland REALTORS[®] 619 East Orange Street Lakeland, FL 33801 Phone 863-687-6111 ~ Fax 863-688-8253 ~ www.lakelandrealtors.org

2025 Lakeland REALTORS Room Makeover Project

RULES & REGULATIONS

PARENT(S)/GUARDIAN(S) AGREE TO THE FOLLOWING: *BE AVAILABLE ON <u>AUGUST 21, 22, AND 23, 2025</u> FOR THE ROOM MAKEOVER PROJECT *ONCE A COLOR/THEME FOR A ROOM IS CHOSEN, IT CAN NOT BE CHANGED *TO FULLY CLEAN THE ROOM FLOOR TO CEILING AND HAVE IT COMPLETELY EMPTY ROOM BY <u>AUGUST 20, 2025</u>. *WORK WITH THEIR ASSIGNED ROOM COORDINATOR TO ENSURE THE SCHEDULING OF ALL WORK TO BE DONE. *ALLOW ALL VOLUNTEERS ACCESS TO THE HOME MULTIPLE TIMES *TO BE PRESENT AT THE HOME WHILE VOLUNTEERS ARE THERE

LIABILITY WAIVER

AS CONSIDERATION FOR LAKELAND REALTORS® PROVIDING AND MAKING POSSIBLE THE ROOM MAKEOVER, I DO AGREE TO INDEMNIFY AND HOLD HARMLESS LAKELAND REALTORS® AND ALL VOLUNTEERS FROM ANY ACTION, CAUSE OF ACTION, CLAIM, OR LIABILITY ARISING OUT OF, DIRECTLY OR INDIRECTLY, ANY AND ALL ACTIVITIES AND ACTIONS REQUIRED IN THE ROOM MAKEOVER AND UNDERSTAND THAT THE RELEASE GRANTED HEREIN IS GENERAL IN NATURE AND IS INTENDED TO BE A FULL AND COMPLETE WAIVER OF LIABILITY THAT IS MADE WITH FULL KNOWLEDGE AND UNDERSTANDING.

PHOTO & MEDIA CONSENT

I HEREBY CONSENT TO THE COLLECTION AND USE OF MY AND THE CHILD'S (RENS) PERSONAL IMAGES BY PHOTOGRAPHY OR VIDEO RECORDING. I ACKNOWLEDGE THESE MAY BE USED ON THE LAKELAND REALTORS® WEBSITE, IN NEWSLETTERS AND PUBLICATIONS AS WELL AS DISTRIBUTED TO MEMBERS AND SPONSORS. I FURTHER ACKNOWLEDGE THAT THE IMAGE(S)/VIDEO(S) MAY BE USED BY LAKELAND REALTORS®, MEMBERS, SPONSORS, AND THE MEDIA TO PROMOTE LAKELAND REALTORS® ROOM MAKEOVERS IN THE FUTURE. I GIVE THIS CONSENT VOLUNTARILY & AGREE TO ALL TERMS STATED ABOVE.

| PARENT/GUARDIAN NAME - PRINTED | SIGNATURE OF PARENT/GUARDIAN | DATE |
|--------------------------------|------------------------------|------|
| PARENT/GUARDIAN NAME - PRINTED | SIGNATURE OF PARENT/GUARDIAN | DATE |



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2025 ROOM MAKEOVER ESSAY

Please provide a **150 - 300 word essay** on why you are nominating this child.



Intital Parent Meeting Checklist:

- 1. Review Rules & Regulations, Liability Waiver, and Photo & Media Consent
- 2. Review and Confirm All Dates
- 3. Take Pictures of Room include wide angles
- 4. Complete questionnaire

ROOM MAKEOVER QUESTIONNAIRE

| 1) Child's favorite: | | | | | |
|----------------------------|-----------------------|-------------------------|---------------|-------------------------------|---------|
| • Color(s) | | | | | |
| • Sport(s) | | | | | |
| • Hobby(ies) | | | | | |
| • Character(s) | | | | | |
| 2) Is there anything the o | child would <u>NO</u> | <u>7</u> like (ie: no s | sports, no bu | itterflies etc.) | |
| 3) What is ONE thing this | s child would LC | | | ⁻ they were chosen | : |
| 4)Does the child share t | | YES | NO | | |
| If yes, with how many? | | | | | |
| Please provide the name | e with age(s) & | gender(s) of t | he child(ren: |) they share a roon | n with. |
| | | | | | |
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