



Mt. Harrison  
*Audiology*

## Nominate someone you know to receive the gift of hearing

Mt. Harrison Audiology will be providing a pair of hearing aids, along with a year of professional services, to a member of our community who is in need of our help. This is being done to commemorate ten years of service to our community.

Complete all sections of the form below to nominate someone for our 10th anniversary hearing aid give away. All nominations will be reviewed by an impartial panel, and one recipient will be chosen on November 1, 2024. The selected nominee will be notified by November 5, 2024 and given the next steps.

All nominees need to be 19 years of age or older, have no other resources to be able to obtain hearing aids on their own, a resident of Idaho, and able to travel to and receive services at our Rupert, Idaho location.

### **Nominator information**

Complete this section with your information if you're the one doing the nominating.

Your name: \_\_\_\_\_

Organization (if applicable): \_\_\_\_\_

Your email address: \_\_\_\_\_

I would like to receive email updates, education and information about this and other Mt. Harrison Audiology activities.

Street address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip code: \_\_\_\_\_

Phone: Home \_\_\_\_\_ Cell \_\_\_\_\_

Relationship to the person you are nominating: \_\_\_\_\_

Does the person know you are nominating them?  Yes  No

You understand all nominees will be considered however only one nominee will receive the free hearing aids and year of service. You also understand the decision of the review panel is impartial and final.

Yes  No

**Nominee section on page 2**

### Nominee section

Complete this section with information about the person you are nominating.

First name: \_\_\_\_\_

Last name: \_\_\_\_\_

Email address: \_\_\_\_\_

Street address: \_\_\_\_\_

City: \_\_\_\_\_ Province: \_\_\_\_\_ Postal code: \_\_\_\_\_

Phone: Home \_\_\_\_\_ Cell \_\_\_\_\_

Is this person over 19 years of age? \_\_\_ Yes \_\_\_ No

Why do you think they need hearing aids? \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Why do you think they need to receive the free hearing aids? What are their circumstances that require this kind of support? \_\_\_\_\_

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**Read and accept the Terms & Conditions that follow.**

## Terms & conditions

1. No purchase is necessary to nominate and no purchase will be required by the finalists or recipients of the free hearing aids and service.
2. Nominations must be received by October 25, 2024. Mt. Harrison takes no responsibility for lost, misplaced or stolen nomination forms.
3. Nominee must be over 19 years of age.
4. Nominee must be resident of Idaho.
5. Nominee must be able to obtain a hearing assessment, in person, prior to fitting.
6. Finalists will be contacted between October 25, 2024 and November 1, 2024 by email or phone. Finalists will be screened according to their ability to obtain hearing aids, and will be referred to the appropriate options of applicable.
7. The free hearing aids and service awarded to the recipient cannot be exchanged for cash.
8. To become a recipient of the free hearing aids and service:
  - a. Nominee must medically require hearing aids based on the comprehensive hearing test performed at Mt. Harrison Audiology.
  - b. Nominee must be 19 years of age or older and be a resident of Idaho.
  - c. Nominee must agree to attend all follow-up appointments to ensure they are adapting to and caring for their hearing aids as prescribed.
  - d. Nominee must agree to have their photograph taken and sign a release allowing Mt. Harrison Audiology to share their hearing story in appropriate marketing and education materials pertaining to the charitable work done by the organization.
9. Mt. Harrison Audiology reserves the right to terminate, suspend or modify this Program, in whole or in part, at any time and without notice or obligation, if, in Mt. Harrison Audiology's sole discretion, any factor or event arises that could interfere with the proper conduct, administration, security or impartiality of the Program as outlined in these Terms and Conditions. Without limiting the generality of the foregoing, if the Program, or any part of it, is not capable of running as planned for any reason, including, but not limited to, infection by computer virus, tampering, unauthorized intervention, fraud, programming errors or technical failures, which corrupt or affect the administration, security, fairness, integrity or proper conduct of this Program, Mt. Harrison Audiology may, in its sole discretion, void any suspect nominations and:
  - Terminate the Program, or any portion of it;
  - Modify or suspend the Program, or any portion of it, to address the impairment and then resume the Program, or the relevant portion, in a manner that best conforms to the spirit of these Terms and Conditions.
10. Mt. Harrison Audiology reserves the right, at its sole discretion, to disqualify any individual who tampers or attempts to tamper with the nomination process, the operation of the Program, the Program website page, violates these Terms and Conditions, or acts with any intent to annoy, abuse, threaten or harass any person involved in the Program.
11. **Limitation of Liability** By participating in this Program, nominators, nominees, finalists and recipients agree Mt. Harrison Audiology and its authorized agents have no liability whatsoever for, and shall be held harmless against any liability for injuries, losses or damages of any kind (including direct, indirect, incidental, consequential or punitive damages) to persons or property resulting from the Program, including the acceptance, possession, use or misuse of the hearing aids.
12. **Protection of Personal Information** Unless otherwise authorized, any personal information provided by the nominator, nominee, finalist or recipient when they participate in the Program, will be used only

for the administration of the Program however all parties may give their express, opt-in consent to receive electronic messages from Mt. Harrison Audiology. All personal information Mt. Harrison Audiology or its authorized agents collect will be handled in accordance with the Mt. Harrison Audiology privacy policy and HIPAA policy which may be found at <https://mtharrisonaudiology.com/policies/>

\_\_\_ I have read and accept the terms and conditions of eligibility as nominator. I understand any conditions that need to be met by the nominee will be reviewed with the nominee if they are selected to the short list and I have no responsibility for the nominee meeting the terms and conditions.

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Signature of Nominator

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Date