

The Wish Connection

Wish Child/Applicant's Name:
RELEASE OF LIABILITY, AUTHORIZATION TO OBTAIN MEDICAL INFORMATION, AND PUBLICITY AUTHORIZATION
We certify that we
(hereinafter referred to as the "Parents") are the parent(s) and/or guardian(s) of
(hereinafter referred to as the "Wish Child"). PLEASE PRINT WISH CHILD'S NAME
The Parents further certify that we are the parent(s) and/or guardian(s) of
DE FLORE DELIVERAL AND A CEG OF OTHER LANDON CHAIR DELIVERAL

PLEASE PRINT NAMES AND AGES OF OTHER MINOR CHILDREN PARTICIPATING IN THE WISH

The Parents hereby represent that we have requested that The Wish Connection, a Texas not-for-profit corporation, consider granting the wish of the Wish Child above named. The Parents further represent that we have the sole and unconditional authority to execute all legal documents on behalf of, and are the sole legal guardians(s) of the above named Wish Child and all minor children participating.

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The following individuals listed below (collectively, "Participants") have requested that The Wish Connection allow them to participate in the Wish:

List ALL persons requesting to participate in the Wish, including the Wish Child, Parents/Guardians, Siblings, and any other adults who wish to participate.					
	Name of Participant	Date of Birth	Relationship to the Wish Child		
1					
2					
3					
4					
5					
6					
7					
8					
9					

Participants are signing this Release of Liability, Authorization to Obtain Medical Information and Publicity Authorization ("Release and Authorization") to bind themselves, their minor children, their heirs, successors, assigns, and estates to the conditions described below.

Release of Liability

As evidenced by Participants' signatures set forth below, and in consideration of The Wish Connection granting said wish, Participants hereby release The Wish Connection, and all of its agents, officers, directors, servants and employees from any liability whatsoever in connection with the preparation, execution and fulfillment of said wish, on behalf of ourselves, the above named Wish Child and all other minor children participating. The scope of this release shall include, but not be limited to, problems encountered in connection with transportation, food, lodging, medical problems, (physical and emotional), entertainment, photographs, property damage, and accidental injury of any kind.

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Participants further agree on behalf of themselves, the above named Wish Child and all minor children participating, that The Wish Connection, its agents, officers, directors, servants and employees shall remain free from any and all liability whatsoever in any way connected with granting the wish. This release of liability shall in no manner be affected by the participation by The Wish Connection, its agents, officers, directors, servants or employees in making arrangements for and participation in the execution and fulfillment of the wish.

Participants understand that involvement in the Wish may entail risk of injury or harm to the Participants and agree that this risk is fully assumed by the Participants. In addition, and in consideration of The Wish Connection considering the Wish and, if it so determines, granting the Wish, the Participants hereby release and agree to hold The Wish Connection harmless for, from and against any and all liability, damages, and claims ("Claims") of any kind, known and unknown, which may be connected with, result from, or arise out of the consideration, preparation, fulfillment, or participation in the Wish. This includes, but is not limited to, Claims involving economic loss, illness or medical condition, accidental injury, or death.

Participants represent that neither The Wish Connection nor any agent, director, officer, servant or employee of The Wish Connection, nor any other person associated with The Wish Connection, has given us any advice or counsel with respect to the advisability and risk associated with said wish. In that regard Participants are relying solely upon our own judgment and the advice and information supplied to The Wish Connection by the Wish Child's physician(s). Participants agree that The Wish Connection is acting and has acted solely at Participant's request and in accordance with and pursuant to Participant's instructions in this matter and that Participants will

indemnify and hold The Wish Connection and its agents, officers, directors, servants and employees harmless against any liability, cost or expense (including reasonable attorneys' fees) arising out of any misrepresentation made by us in this release or in any other document submitted by Participants to The Wish Connection or Participant's breach of any agreements contained herein.

<u>Authorization to Obtain Medical Information</u>

The Parents hereby grant permission to The Wish Connection to obtain, use and disclose medical information concerning the above named Wish Child as it deems necessary in the consideration of or granting the wish from whatever source or sources it shall determine at its sole discretion, and in accordance with applicable state and federal laws regarding the confidentiality of an individual's medical information. The Parents further authorize each of the physicians who have attended to the above named Wish Child to divulge and release to The Wish Connection, or its agents, officers, directors, servants or employees, any and all medical information with regard to the above named Wish Child as may be in the possession of or known to such physician.

Publicity Authorization

Participants authorize The Wish Connection to publicize the Wish and to use Participant's names, likenesses, and other information about Participants and the Wish (including Wish Child's medical condition), whether embodied in photographs, videotapes, recordings, or any other format (collectively, "Information"), for purposes of promotion, publication, commercial advertising, or any other reasonable purpose whatsoever, now or at any time in the future. Participants understand and agree that The Wish Connection may use any Information: (1) in all manner and media whatsoever,

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whether known or hereafter invented, including electronic and print media, the Internet, Face Book, Twitter, Instagram, or any other social media; (2) with or without Participants' names; (3) without the payment of royalties or other compensation to anyone; and (4) without the need to notify them or to seek further approval before doing so.

Participants give consent for The Wish Connection to contact television, radio and newspaper media to do stories about the Wish Child's wish for the purpose of increasing public awareness of The Wish Connection's program, goals and fundraising needs. Participants understand that all such stories will be done tastefully and will portray with dignity the Wish Child's condition and family's situation.

Participants agree not to initiate contact with news media regarding the Wish Child's wish unless Participants have first notified The Wish Connection.

Participants acknowledge reading and understanding this Release and Authorization. For the Wish Child and any minor Participants, the signature of their parent or guardian is on behalf of the parent/guardian and on behalf of the minor.

Participants agree that this Release and Authorization fully and accurately expresses their understanding and has not been modified orally or in writing.

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PARTICIPANTS' SIGNATURES

Signature of Biological*	Printed Name of Biological*	Date of
Father/Legal Guardian of Wish Child	Father/Legal Guardian of Wish Child	Signature
Cimu	Ciniu	
Signature of Biological* Mother/Legal Guardian of Wish	Printed Name of Biological* Mother/Legal Guardian of Wish	Date of Signature
Child	Child	Signature
Signature of Other Adult Participant (if any)	Printed Name of Other Adult (if any)	Date of Signature
Signature of Other Adult Participant (if any)	Printed Name of Other Adult (if any)	Date of Signature
Signature of Other Adult Participant (if any)	Printed Name of Other Adult (if any)	Date of Signature
Signature of Other Adult Participant (if any)	Printed Name of Other Adult (if any)	Date of Signature
Signature of Biological*	Printed Name of Biological*	D 4 8
Father/Legal Guardian of other minor Participant	Father/Legal Guardian of other minor Participant	Date of Signature
	•	-
Signature of Biological*	Printed Name of Biological*	Date of
Mother/Legal Guardian of other minor Participant (if any)	Mother/Legal Guardian of other minor Participant (if any)	Signature
*DI EACE NOTE: Unless there ha	s been a count and mad tormination	

^{*}PLEASE NOTE: Unless there has been a court-ordered termination of parental rights for the wish child or any of the siblings listed above, both biological parents must sign the Wish Application. If there is a court-ordered termination of parental rights for the wish child or any of the siblings listed above, please attach a copy of the order when returning the Wish Application.

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