



3421 W Clubview Ct. Mequon, WI 53092 414-801-1658 904-392-9236

Today's Date: \_\_\_\_\_ Please send completed forms to 3421 W Clubview Ct., Mequon, WI 53092

The amount of the gift will be determined by how far you must travel for treatment.

How far do you travel? 0-50 miles \_\_\_\_\_ 51-150 miles \_\_\_\_\_ More than 150 miles

Reason for the request: \_\_\_\_\_  
\_\_\_\_\_

### 1. Recipient Information

First Name \_\_\_\_\_ Last Name \_\_\_\_\_

Sex: \_\_\_\_\_ Age: \_\_\_\_\_ Birth Date: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, ZIP: \_\_\_\_\_

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

Phone number: \_\_\_\_\_

### 2. Referral

Please tell us how you heard about us: Internet, Doctor's office (name), friend (name), etc.

### 3. Agreement between Dream Big! Foundation and wish recipient

I hereby expressly acknowledge that I have requested that I be granted to receive a financial wish and be named a wish recipient by Dream Big Foundation, a non-profit organization ("Dream Big Foundation")

Wish Recipient's name: \_\_\_\_\_

By my signature(s) set forth below, and in consideration of Dream Big! Foundation granting said wish, I hereby voluntarily, unconditionally, fully and completely release Dream Big! Foundation and all of its affiliates, agents, officers, directors, servants and employees (the "Releasees") from any liability whatsoever in connection with travel paid for by wish money.

Wish Recipient Initials \_\_\_\_\_



3421 W Clubview Ct. Mequon, WI 53092 414-801-1658 904-392-9236

With respect to the physical and emotional effects of granting the wish of the above-named wish recipient, I hereby acknowledge that I will consult with the and obtain the written authorization of \_\_\_\_\_, MD (please print doctors name) who is above named wish recipient's physician, to allow the above name wish recipient to travel and will follow the advice of the said physician in connection therewith.

Wish Recipient Initials \_\_\_\_\_

By my signature(s) below set forth below, I further authorize Dream Big! Foundation and any of its Releasees to photograph, film, and/or electronically recorded interviews with me in such a manner as they choose. I further authorize Dream Big! Foundation, its Releasees or any person or organization participating in the taking of said photographs, films and/or electronically recorded interviews to distribute now or at any time in the future, all of said photographs, films and/or electronically recorded interviews to anyone including the general public, magazines, newspapers, internet, televisions and radio stations and/or any other organization or person that customarily presents information or news to the general public. I further authorize Dream Big! Foundation and its Releasees to disclose to the general public, as well as to any television, radio stations, internet, newspapers or magazines, or any other form of news or public media, now or at any time in the future, my name and the details of the wish which I am receiving.

Wish Recipient Initials \_\_\_\_\_

I agree that, upon the sole and exclusive election of Dream Big! Foundation and /or any of it's Releasees, any claim, dispute, or controversy (whether in contract, tort, or otherwise) arising from or relating to this Release, including the validity or enforceability of this arbitration clause or any part thereof or the entire contract, shall be resolved by binding arbitration under the Rules of the American Arbitration Association in Jacksonville, Florida. The Arbitration Panel will consist of three (3) members. The parties exclusively select the application of Wisconsin substantive law without resort to Wisconsin's Conflict of Law Rules to resolve legal issues that may arise in the course of such arbitration. Should any such controversy arising from or related to this Release be litigated rather than arbitrated, the parties select as the sole and exclusive venue for any such litigation the state and federal courts in Jacksonville, Florida.

Wish Recipient Initials \_\_\_\_\_

I have not been promised by any agent, director, officer, servant, or employee the Dream Big! Foundation, nor has any person associated with said organization given any advice or counsel with respect to the advisability and risk associated with said wish. In that regard, I am relying solely upon the advice and information supplied to me by Dream Big! Foundation and Releasees are acting and have acted solely at my request and in accordance with the pursuant to my instructions

Wish Recipient Initials \_\_\_\_\_

The person whose signature appears below has unconditional authority to execute this document on behalf of Dream Big! Foundation.

I hereby warrant that I have read and foregoing Release and executed it freely and voluntarily.

Wish Recipient: \_\_\_\_\_ Date: \_\_\_\_\_