



# Liability Release and Authorization RE: Medical Information and Publicity Form

The undersigned have requested that \_\_\_\_\_, as well as the Make-A-Wish Foundation of America, all licensed chapters and affiliates thereof, and their respective volunteers, officers, directors, employees and agents (collectively, "Make-A-Wish"), fulfill a wish (the "Wish") for \_\_\_\_\_ ("Wish Child"). The parents or legal guardians of the Wish Child and any minor siblings (collectively, "Family"), are signing this Liability Release and Authorization Re: Medical Information and Publicity ("Release and Authorization") to bind themselves, their minor children, their heirs, successors, assigns and estates to the conditions described herein.

## Liability Release

Family understands that involvement in the Wish may entail risk of injury or harm to the Family and agrees that this risk is fully assumed by the Family. In addition, and in consideration of Make-A-Wish considering the Wish and, if it so determines, granting the Wish, the Family hereby releases and agrees to hold Make-A-Wish 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, disease outbreaks, accidental injury or death.

## Authorization RE: Medical Information

The parent(s) or legal guardian(s) of Wish Child: (1) grant Make-A-Wish permission to obtain all medical information about Wish Child that Make-A-Wish deems necessary for consideration or fulfillment of the Wish; (2) authorize Make-A-Wish to share information about Wish Child's medical condition when necessary for granting the Wish; (3) authorize all healthcare providers, including Wish Child's primary physician, to provide Make-A-Wish with all such information regarding Wish Child; and (4) agree to sign any additional medical authorization forms that may be required by Wish Child's healthcare provider(s).

Please be advised that Make-A-Wish's National Medical Council, aligned with the Centers for Disease Control and Prevention (CDC) and the American Academy of Pediatrics (AAP), strongly recommends all wish participants to be up to date on their COVID-19 vaccinations before travel and large gatherings.





## Publicity Authorization

Family understands and agrees that fulfillment of the Wish may result in publicity, whether or not Make-A-Wish actively takes steps to publicize the Wish. However, to the extent Make-A-Wish has control over the matter, Wish Child's parent(s) or guardian(s) are asked to carefully read the following three alternatives and then choose the one that works best for them.

**OPTION 1 [Publicity O.K. - Make-A-Wish only]:** Family authorizes Make-A-Wish to publicize the Wish and to use Family members' names, voices, likenesses, images, appearances and other information about Family and the Wish (including Wish Child's medical condition), whether embodied in photographs, digital images, video recordings, audio recordings or any other format (collectively, "Information"), for purposes of promotion, publication, commercial advertising or any other purpose, now or at any time in the future. Family understands and agrees that Make-A-Wish may, in its sole discretion, use any such Information: (1) in all manner and media whatsoever, whether now known or hereafter invented (including electronic and print media and the Internet) throughout the world in perpetuity; (2) with or without Family's names and/or a description of the Wish; (3) without the payment of any compensation to anyone; and (4) without the need to notify them or to seek further approval before doing so.

*Initials of Wish Child's parent/guardian if  
authorizing publicity by Make-A-Wish only:* \_\_\_\_\_

**OPTION 2 [Publicity O.K. - Make-A-Wish and Sponsors]:** Family authorizes Make-A-Wish and all Make-A-Wish corporate sponsors ("Sponsors") to use Family members' names, voices, likenesses, images, appearances and other information for purposes of promotion, publication, commercial advertising or any other purpose, now or at any time in the future. Family understands and agrees that Make-A-Wish and Sponsors may, in their sole discretion, use such Information: (1) in all manner and media whatsoever, whether now known or hereafter invented (including electronic and print media and the Internet) throughout the world in perpetuity; (2) with or without Family's names and/or a description of the Wish; (3) without the payment of any royalties or other compensation to anyone; and (4) without the need to notify them or to seek further approval before doing so. In addition, if Make-A-Wish and/or Sponsors use such Information as part of promotional material that is distributed to media outlets for broadcast, the Family irrevocably grants Make-A-Wish and Sponsors the right to authorize the broadcast of the Information in such a manner. Family understands that Make-A-Wish and Sponsors will rely on this Release and Authorization, and they hereby agree not to assert any claim of any nature whatsoever against anyone relating to the exercise of the rights and permissions granted herein.





Initials of Wish Child's parent/guardian if  
authorizing publicity by Make-A-Wish and Sponsors: \_\_\_\_\_

**OPTION 3 [Prefer no publicity]:** Family requests that information about their involvement in the Wish not be actively publicized by Make-A-Wish to the electronic or print news media, posted on the Internet, or used in Make-A-Wish materials including, e.g., newsletters, brochures, annual reports, etc. However Family understands and agrees: (1) that information regarding the Wish and Family will necessarily be discussed with and disclosed to those involved in the wish process; (2) that Make-A-Wish may publicly describe and promote the Wish generally, without specifically identifying Family; and (3) that even if Make-A-Wish does not actively publicize the Wish, the general public and media may obtain information concerning Family's involvement in the Wish from other sources.

Initials of Wish Child's parent/guardian if  
**prefer Wish not be actively publicized:** \_\_\_\_\_

Family acknowledges reading and understanding this Release and Authorization. For the Wish Child and any minor siblings, the signature of their parent or guardian is on behalf of the parent/guardian and on behalf of the minor. Family agrees that this Release and Authorization sets forth the entire agreement between the parties; supersedes all prior agreements and understandings, whether written or oral; and may be amended or modified only by a subsequent writing signed by Make-A-Wish, Participants and Sponsors (if applicable). Family agrees that this Release and Authorization fully and accurately expresses their understanding and has not been modified orally or in writing.

\_\_\_\_\_  
Parent/Legal Guardian of Wish Child

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent/Legal Guardian of Wish Child

\_\_\_\_\_  
Date