



Wish Consent Form

Welcome to Make-A-Wish! We are thrilled to have the opportunity to grant a wish for your child. The first step in the wish-granting process is for us to confirm your permission to grant a wish to your child.

Please complete/confirm the following information for your child and make any necessary changes.

Wish Child's Information

Full Legal Name: _____
First Middle Last

Street Address: _____ Date of Birth: _____

City: _____ State: _____ Zip Code: _____

Preferred phone type (if applicable): ☐ Home ☐ Mobile

Child's Home Telephone: (_____) _____ Child's Mobile Telephone: (_____) _____

Child's Email: _____

Prior Wish

Has your child ever had a wish granted by, or been considered by, Make-A-Wish® or any other wish-granting organization? ☐ Yes* ☐ No

Organization's name: _____

Wish details: _____

Date it was or will be granted: _____

*Note: A wish with another organization may not be pursued prior to completion of a Make-A-Wish experience.

Make-A-Wish is committed to championing diversity, equity, and inclusion, fostering an organization that is accessible and welcoming to all. In turn, we are uniting communities to help make more wishes possible.

- Our mission is most effectively fulfilled through a commitment to diversity, equity and inclusion as core values and practice.
- It is only through our mosaic of different cultures, perspectives, and experiences that we can grant life-changing wishes to every eligible child.
- As the world's largest wish-granting organization, we stand against racism and intolerance and are committed to representation and acceptance, creating a sense of belonging, and practicing fairness in creating opportunities for our wish families, volunteers, and staff.





The following information helps inform Make-A-Wish's vision to grant the wish of every eligible child. To help us understand your child's preferences, please take a moment to choose which of the following most reflect them.

Gender

- ☐ Male
- ☐ Female
- ☐ Gender Non-Conforming/Non-Binary
- ☐ Self-describe: _____
- ☐ Prefer not to disclose

Pronouns

- ☐ He/Him/His
- ☐ She/Her/Hers
- ☐ They/Them/Theirs
- ☐ Self-describe: _____
- ☐ Prefer not to disclose

Ethnicity

- ☐ Not of Hispanic, Latino, or Spanish origin
- ☐ Mexican, Mexican American, Chicano
- ☐ Puerto Rican
- ☐ Cuban
- ☐ Another Hispanic, Latino, or Spanish origin (for example, Salvadoran, Dominican, Colombian, Guatemalan, Spaniard, Ecuadorian, etc.)
- ☐ Prefer not to disclose

Race

- ☐ American Indian or Alaska Native
- ☐ Asian
 - ☐ Chinese
 - ☐ Filipino
 - ☐ Asian Indian
 - ☐ Vietnamese
 - ☐ Korean
 - ☐ Japanese
 - ☐ Other Asian (for example, Pakistani, Cambodian, and Hmong)
- ☐ Black or African American
- ☐ Native Hawaiian or Other Pacific Islander
 - ☐ Native Hawaiian
 - ☐ Samoan
 - ☐ Chamorro
 - ☐ Other Pacific Islander (for example, Tongan, Fijian, and Marshallese)
- ☐ White
- ☐ Other Race
- ☐ Prefer not to disclose

Accommodations

Do you require any special accommodations to engage with Make-A-Wish?

- ☐ Yes
- ☐ No





Parent/Legal Guardian Information

As the parent/legal guardian of the minor wish child, please complete/confirm your information and make any necessary changes.

Parent/Legal Guardian 1

Full Legal Name: _____
First Middle Last

Relationship to Child: _____ Date of Birth: _____

Street Address: _____

City: _____ State: _____ Zip Code: _____

Preferred phone type: ☐ Home ☐ Work ☐ Mobile

Home Telephone: (_____) _____ Work Telephone: (_____) _____

Mobile Telephone: (_____) _____ Email: _____

To help us understand your preferences, please take a moment to choose which of the following most reflect you.

Gender

- ☐ Male
- ☐ Female
- ☐ Gender Non-Conforming/Non-Binary
- ☐ Self-describe: _____
- ☐ Prefer not to disclose

Pronouns

- ☐ He/Him/His
- ☐ She/Her/Hers
- ☐ They/Them/Theirs
- ☐ Self-describe: _____
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Ethnicity

- ☐ Not of Hispanic, Latino, or Spanish origin
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- ☐ Cuban
- ☐ Another Hispanic, Latino, or Spanish origin (for example, Salvadoran, Dominican, Colombian, Guatemalan, Spaniard, Ecuadorian, etc.)
- ☐ Prefer not to disclose





Race

- ☐ American Indian or Alaska Native
- ☐ Asian
 - ☐ Chinese
 - ☐ Filipino
 - ☐ Asian Indian
 - ☐ Vietnamese
 - ☐ Korean
 - ☐ Japanese
 - ☐ Other Asian (for example, Pakistani, Cambodian, and Hmong)
- ☐ Black or African American
- ☐ Native Hawaiian or Other Pacific Islander
 - ☐ Native Hawaiian
 - ☐ Samoan
 - ☐ Chamorro
 - ☐ Other Pacific Islander (for example, Tongan, Fijian, and Marshallese)
- ☐ White
- ☐ Other Race
- ☐ Prefer not to disclose

Accommodations

Do you require any special accommodations to engage with Make-A-Wish?

- ☐ Yes
- ☐ No

Parent/Legal Guardian 2

Full Legal Name: _____
First Middle Last

Relationship to Child: _____ Date of Birth: _____

Street Address: _____

City: _____ State: _____ Zip Code: _____

Preferred phone type: ☐ Home ☐ Work ☐ Mobile

Home Telephone: (_____) _____ Work Telephone: (_____) _____

Mobile Telephone: (_____) _____ Email: _____





To help us understand your preferences, please take a moment to choose which of the following most reflect you.

Gender

- ☐ Male
- ☐ Female
- ☐ Gender Non-Conforming/Non-Binary
- ☐ Self-describe: _____
- ☐ Prefer not to disclose

Pronouns

- ☐ He/Him/His
- ☐ She/Her/Hers
- ☐ They/Them/Theirs
- ☐ Self-describe: _____
- ☐ Prefer not to disclose

Ethnicity

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- ☐ Cuban
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Race

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 - ☐ Japanese
 - ☐ Other Asian (for example, Pakistani, Cambodian, and Hmong)
- ☐ Black or African American
- ☐ Native Hawaiian or Other Pacific Islander
 - ☐ Native Hawaiian
 - ☐ Samoan
 - ☐ Chamorro
 - ☐ Other Pacific Islander (for example, Tongan, Fijian, and Marshallese)
- ☐ White
- ☐ Other Race
- ☐ Prefer not to disclose

Accommodations

Do you require any special accommodations to engage with Make-A-Wish?

- ☐ Yes
- ☐ No





Required Signatures

I understand and agree:

1. That no promises or assurances whatsoever have been made to me by any representative of Make-A-Wish regarding the granting of a wish to my child;
2. That the granting of any wish and the participation of any person in the wish is contingent upon approval by Make-A-Wish and the child's physician, as well as full compliance with all conditions, qualifications, and restrictions designated by Make-A-Wish;
3. That all individuals with parental or custodial rights for the child must give permission for the child to receive a wish before it is granted and must sign all necessary documents; and
4. That the receipt of a wish may impact the eligibility for public assistance and/or benefits.

I promise that the information provided by me is true and complete to the best of my knowledge.

Parent/Legal Guardian of Wish Child

Parent/Legal Guardian Signature

Date

Parent/Legal Guardian of Wish Child

Parent/Legal Guardian Signature

Date





Wish Child Form

Wish Child's Information

Full Legal Name: _____
First Middle Last

Preferred Name: _____

Street Address: _____

City: _____ State: _____ Zip Code: _____

Child's Home Telephone: (____) _____ Child's Mobile Telephone: (____) _____

Child's Email: _____

Shirt Size:

- | | |
|--|--|
| <input type="checkbox"/> 2T | <input type="checkbox"/> Adult X-Small |
| <input type="checkbox"/> 4T | <input type="checkbox"/> Adult Small |
| <input type="checkbox"/> Youth X-Small | <input type="checkbox"/> Adult Medium |
| <input type="checkbox"/> Youth Small | <input type="checkbox"/> Adult Large |
| <input type="checkbox"/> Youth Medium | <input type="checkbox"/> Adult X-Large |
| <input type="checkbox"/> Youth Large | <input type="checkbox"/> Adult XX-Large |
| <input type="checkbox"/> Youth X-Large | <input type="checkbox"/> Adult XXX-Large |

My Favorites

Color _____

Book/Story _____

Game _____

Food _____

Restaurant _____

Cake/Candy _____

Snack Food _____

Class in School _____

Music/Singer _____

Hobby _____

Movie _____

Show _____

Actor/Actress _____

Sport/Athlete _____

Pet/Animal _____

Other _____





Hobbies & Interests:

When I'm outside, I like to...

When I'm inside, I like to...

Electronics / Games that I like to play with are...

When I'm with my family, I like to...

When I'm with my friends, I like to...





Wish Idea Brainstorm

Volunteer Note: Please capture details about each wish idea expressed by the wish child. Space is provided to capture up to four ideas, but all four are not required. At least two ideas should be captured.

Wish Idea: _____

WHY

Why is this important to you?

WHAT

What would you like to do? What does it look like?

HOW

How did you hear about it?

Tell me more – tell me everything you know about it.

Wish Idea: _____

WHY

Why is this important to you?

WHAT

What would you like to do? What does it look like?

HOW

How did you hear about it?

Tell me more – tell me everything you know about it.





Wish Idea: _____

WHY

Why is this important to you?

WHAT

What would you like to do? What does it look like?

HOW

How did you hear about it?

Tell me more – tell me everything you know about it.

Wish Idea: _____

WHY

Why is this important to you?

WHAT

What would you like to do? What does it look like?

HOW

How did you hear about it?

Tell me more – tell me everything you know about it.





Wish Family Form

Wish Child's Name: _____
First Middle Last

Non-Participating Adult Emergency Contact

In the event of an emergency, please provide the following information for an adult that will not be participating in the wish experience.

Emergency Contact Name: _____

Emergency Contact Phone Number: (_____) _____

Emergency Contact Email: _____

Emergency Contact Relationship with Wish Child

- | | | |
|---|--|---|
| <input type="checkbox"/> Child | <input type="checkbox"/> Half-Sibling | <input type="checkbox"/> Spouse/Partner |
| <input type="checkbox"/> Foster Parent | <input type="checkbox"/> Nurse/Caregiver | <input type="checkbox"/> Step-Parent |
| <input type="checkbox"/> Foster Sibling | <input type="checkbox"/> Parent/Guardian | <input type="checkbox"/> Step-Sibling |
| <input type="checkbox"/> Friend | <input type="checkbox"/> Relative | <input type="checkbox"/> Other |
| <input type="checkbox"/> Grandparent | <input type="checkbox"/> Sibling | |

Requested Wish Participants

Please complete this information for each requested participant.

Full Legal Name: _____
First Middle Last

Street Address: _____

City: _____ State: _____ Zip Code: _____

Preferred Phone Number: (_____) _____ Preferred Phone Type: ☐ Home ☐ Work ☐ Mobile

Email: _____ Date of Birth: _____

Legal Guardian of Wish Child: ☐ Yes ☐ No Resides with Wish Child: ☐ Yes ☐ No

Medical equipment or special accommodations required? ☐ Yes ☐ No

Relationship with Wish Child:

- | | | |
|---|--|---|
| <input type="checkbox"/> Child | <input type="checkbox"/> Half-Sibling | <input type="checkbox"/> Sibling |
| <input type="checkbox"/> Foster Parent | <input type="checkbox"/> Interpreter | <input type="checkbox"/> Spouse/Partner |
| <input type="checkbox"/> Foster Sibling | <input type="checkbox"/> Nurse/Caregiver | <input type="checkbox"/> Step-Parent |
| <input type="checkbox"/> Friend | <input type="checkbox"/> Parent/Guardian | <input type="checkbox"/> Step-Sibling |
| <input type="checkbox"/> Grandparent | <input type="checkbox"/> Relative | <input type="checkbox"/> Other |



Additional copies of this page may be made to capture all requested participants.

Full Legal Name: _____
First Middle Last

Street Address: _____

City: _____ State: _____ Zip Code: _____

Preferred Phone Number: (____) _____ Preferred Phone Type: ☐ Home ☐ Work ☐ Mobile

Email: _____ Date of Birth: _____

Legal Guardian of Wish Child: ☐ Yes ☐ No Resides with Wish Child: ☐ Yes ☐ No

Medical equipment or special accommodations required? ☐ Yes ☐ No

Relationship with Wish Child:

- | | | |
|---|--|---|
| <input type="checkbox"/> Child | <input type="checkbox"/> Half-Sibling | <input type="checkbox"/> Sibling |
| <input type="checkbox"/> Foster Parent | <input type="checkbox"/> Interpreter | <input type="checkbox"/> Spouse/Partner |
| <input type="checkbox"/> Foster Sibling | <input type="checkbox"/> Nurse/Caregiver | <input type="checkbox"/> Step-Parent |
| <input type="checkbox"/> Friend | <input type="checkbox"/> Parent/Guardian | <input type="checkbox"/> Step-Sibling |
| <input type="checkbox"/> Grandparent | <input type="checkbox"/> Relative | <input type="checkbox"/> Other |

Full Legal Name: _____
First Middle Last

Street Address: _____

City: _____ State: _____ Zip Code: _____

Preferred Phone Number: (____) _____ Preferred Phone Type: ☐ Home ☐ Work ☐ Mobile

Email: _____ Date of Birth: _____

Legal Guardian of Wish Child: ☐ Yes ☐ No Resides with Wish Child: ☐ Yes ☐ No

Medical equipment or special accommodations required? ☐ Yes ☐ No

Relationship with Wish Child:

- | | | |
|---|--|---|
| <input type="checkbox"/> Child | <input type="checkbox"/> Half-Sibling | <input type="checkbox"/> Sibling |
| <input type="checkbox"/> Foster Parent | <input type="checkbox"/> Interpreter | <input type="checkbox"/> Spouse/Partner |
| <input type="checkbox"/> Foster Sibling | <input type="checkbox"/> Nurse/Caregiver | <input type="checkbox"/> Step-Parent |
| <input type="checkbox"/> Friend | <input type="checkbox"/> Parent/Guardian | <input type="checkbox"/> Step-Sibling |
| <input type="checkbox"/> Grandparent | <input type="checkbox"/> Relative | <input type="checkbox"/> Other |



Additional copies of this page may be made to capture all requested participants.

Full Legal Name: _____
First Middle Last

Street Address: _____

City: _____ State: _____ Zip Code: _____

Preferred Phone Number: (____) _____ Preferred Phone Type: ☐ Home ☐ Work ☐ Mobile

Email: _____ Date of Birth: _____

Legal Guardian of Wish Child: ☐ Yes ☐ No Resides with Wish Child: ☐ Yes ☐ No

Medical equipment or special accommodations required? ☐ Yes ☐ No

Relationship with Wish Child:

- | | | |
|---|--|---|
| <input type="checkbox"/> Child | <input type="checkbox"/> Half-Sibling | <input type="checkbox"/> Sibling |
| <input type="checkbox"/> Foster Parent | <input type="checkbox"/> Interpreter | <input type="checkbox"/> Spouse/Partner |
| <input type="checkbox"/> Foster Sibling | <input type="checkbox"/> Nurse/Caregiver | <input type="checkbox"/> Step-Parent |
| <input type="checkbox"/> Friend | <input type="checkbox"/> Parent/Guardian | <input type="checkbox"/> Step-Sibling |
| <input type="checkbox"/> Grandparent | <input type="checkbox"/> Relative | <input type="checkbox"/> Other |

Full Legal Name: _____
First Middle Last

Street Address: _____

City: _____ State: _____ Zip Code: _____

Preferred Phone Number: (____) _____ Preferred Phone Type: ☐ Home ☐ Work ☐ Mobile

Email: _____ Date of Birth: _____

Legal Guardian of Wish Child: ☐ Yes ☐ No Resides with Wish Child: ☐ Yes ☐ No

Medical equipment or special accommodations required? ☐ Yes ☐ No

Relationship with Wish Child:

- | | | |
|---|--|---|
| <input type="checkbox"/> Child | <input type="checkbox"/> Half-Sibling | <input type="checkbox"/> Sibling |
| <input type="checkbox"/> Foster Parent | <input type="checkbox"/> Interpreter | <input type="checkbox"/> Spouse/Partner |
| <input type="checkbox"/> Foster Sibling | <input type="checkbox"/> Nurse/Caregiver | <input type="checkbox"/> Step-Parent |
| <input type="checkbox"/> Friend | <input type="checkbox"/> Parent/Guardian | <input type="checkbox"/> Step-Sibling |
| <input type="checkbox"/> Grandparent | <input type="checkbox"/> Relative | <input type="checkbox"/> Other |



Wish Information Form

Wish Child's Name: _____
First Middle Last

Scheduling the Wish

Please indicate three time periods in which you will have the greatest availability for fulfillment of the wish.

Month/Year or _____
Month/Year or _____
Month/Year

Is there anything on your calendar (upcoming medical treatments, school or work commitments, planned vacations, etc.) that might impact your ability to participate in a wish? ☐ Yes (please detail below) ☐ No

Driver Identification Information

Many wishes involve the use of a rental vehicle. For this reason, please indicate a primary and potential driver who may be driving during the course of the wish. **Please submit a photocopy of valid driver's license(s).**

Primary Driver, Name as it appears on license: _____

Valid D.L. #: _____ State: _____ Expiration Date: _____

Potential Driver, Name as it appears on license: _____

Valid D.L. #: _____ State: _____ Expiration Date: _____

Do you have current automobile insurance? ☐ Yes ☐ No

Does your automobile insurance provide coverage while using a rental car? ☐ Yes ☐ No

Is your family comfortable driving a rental vehicle, if one were recommended for the wish? ☐ Yes ☐ No

Is a wheelchair accessible vehicle needed? ☐ Yes ☐ No





Medical Information

Please fill out entirely if any requested participant has medical needs. Specific details can be listed within "additional requests".

Medical Questions	Yes	No	Notes
Does any requested participant have special dietary restrictions? If yes, please note.	<input type="checkbox"/>	<input type="checkbox"/>	
Does any requested participant require a wheelchair? If yes, please describe wheelchair size.	<input type="checkbox"/>	<input type="checkbox"/>	____ h ____ w ____ d
Will your family bring your own wheelchair?	<input type="checkbox"/>	<input type="checkbox"/>	
Is the wheelchair collapsible?	<input type="checkbox"/>	<input type="checkbox"/>	
Is the wheelchair power? If yes, please note battery type.	<input type="checkbox"/>	<input type="checkbox"/>	____ dry cell ____ wet/gel cell
Does any requested participant require oxygen? If yes, please describe how often.	<input type="checkbox"/>	<input type="checkbox"/>	____ daytime ____ nighttime ____ 24 hours
Does any medication require refrigeration?	<input type="checkbox"/>	<input type="checkbox"/>	
Does any requested participant currently receive nursing care? If yes, please list the # of hours, agency and phone number.	<input type="checkbox"/>	<input type="checkbox"/>	Hours _____ Agency Name _____ Phone # _____
Does any requested participant have allergies to food or materials? If yes, please note who and what allergy.	<input type="checkbox"/>	<input type="checkbox"/>	
Does any requested participant require any other <u>medical</u> supplies? If yes, please detail who and what is required.	<input type="checkbox"/>	<input type="checkbox"/>	Participant _____ Supplies _____

Additional Requests: Any additional requests are at the discretion of the chapter office. If medical supplies are requested, please detail the relevant model number, manufacturer, size, dimensions, and any other pertinent information if needed during travel.





Travel Information

Please fill out entirely if the requested wish is a travel wish.

Travel Questions	Yes	No	Notes
Has your family flown before?	<input type="checkbox"/>	<input type="checkbox"/>	
Will an interpreter be needed?	<input type="checkbox"/>	<input type="checkbox"/>	
Will a rental car seat(s) be needed? If yes, please note how many/what type.	<input type="checkbox"/>	<input type="checkbox"/>	____ infant ____ toddler ____ booster
Are all requested participants able to sit up during take-off/landing on airplane? If no, please note who cannot.	<input type="checkbox"/>	<input type="checkbox"/>	
Will a rental stroller be needed? If yes, what type?	<input type="checkbox"/>	<input type="checkbox"/>	____ single ____ double
Will handicap accessible accommodations be required?	<input type="checkbox"/>	<input type="checkbox"/>	
Does each requested participant have valid passports?	<input type="checkbox"/>	<input type="checkbox"/>	
Does each requested participant (18 and over) have a valid U.S. federal or state-issued photo ID? If yes, please provide a copy of a valid ID for each individual.	<input type="checkbox"/>	<input type="checkbox"/>	
Does your medical insurance include coverage if traveling out of the state?	<input type="checkbox"/>	<input type="checkbox"/>	
Does your family have a valid major credit card? Typically, a hotel will request a credit card for incidentals that may occur during a stay. If you do not have a credit card, other arrangements can be made; however, Make-A-Wish does need to know ahead of time.	<input type="checkbox"/>	<input type="checkbox"/>	





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

