

WISH APPLICATION

DATE: _____

NOMINEE'S NAME: _____

NOMINEE'S ADDRESS: _____

CITY: _____ **STATE:** _____ **ZIP:** _____

NOMINEE'S AGE: _____ **NOMINEE'S DATE OF BIRTH:** _____

YOUR NAME: _____ **PHONE:** _____

YOUR ADDRESS: _____

CITY: _____ **STATE:** _____ **ZIP:** _____

EMAIL: _____

WHAT IS YOUR RELATIONSHIP TO THE NOMINEE? _____

1. WHAT IS THE NOMINEE'S PHYSICAL CHALLENGE AND DIAGNOSIS?

2. WHAT IS THE SPECIFIC SPORTS WISH YOU ARE REQUESTING? (Only One Wish Permitted. Please note we are unable to provide airfare or transportation at this time.)

3. TELL US ABOUT THE NOMINEE, THEIR DAILY LIVING, FAMILY & HOW THIS WISH WILL BENEFIT THEM?

4. HAS THE NOMINEE EVER RECEIVED A WISH FROM ANOTHER ORGANIZATION?

☐ Yes ☐ No

5. IF YES, WHICH ORGANIZATION AND WHEN? WHAT WAS THE WISH RECEIVED?

AUTHORIZATION COMPLIANCE SECTION

REQUIRED MEDICAL AUTHORIZATION FORM & NOMINEE'S PHOTO

☐ I understand and agree that the Medical Authorization Form and a CURRENT Photo of the Nominee must be submitted in order for the wish to be considered. I understand that the Medical Authorization Form must be completed by the nominee's physician. I understand these two required documents are due within three (3) weeks of application submission and will notify Granted Wish if further time is needed.

GUIDELINES COMPLIANCE

☐ I understand and agree that the submission of this application is not a guarantee the wish can be granted. I understand that the wish is dependent on the compliance of the Sport Entity or Celebrity Athlete.

LICENSE TO USE PERSONAL INFORMATION AND IMAGE

☐ I give and grant permission to The Granted Wish Foundation and its divisions, licensees, successors, assigns, affiliates and all persons or corporations acting with its permission or up its authority, permission and the right to use and/or publish the recipient's name, photograph and testimonial statements in all media and types of advertising for the promotion and fundraising ventures, publications and services of the Foundation and the Licensed Parties. Licensed Parties shall also include any other charitable or non-profit organization which contributed to granting the wish for the recipient.

GENERAL RELEASE AND WAIVER OF LIABILITY

☐ I hereby release discharge and covenant not to sue The Granted Wish Foundation, its respective administrators, directors, agents, officers, board members, volunteers, and employees, other participants, Licensed parties and the Owner(s) and/or lessor(s) of any premises where the Wish Fulfillment Activity ("Activity") takes place from all liability, claims, demands, losses and/or damages caused or alleged to be caused, in whole or in part, by any Activity or benefit received, including but not limited to: damage or injury caused by the use or possession of donated goods, damage or loss involved in payment of personal debts or liabilities, or damage or injury resulting from performance of donated service or participation of any donated Activity.

YOUR AUTHORIZATION SIGNATURE

REQUIRED MEDICAL AUTHORIZATION FORM & NOMINEE'S PHOTO:

1. Medical Authorization Form:

- a) The Medical Authorization Form **must be completed by the Nominee's Treating Physician**

2. A CURRENT Photo Of The Nominee:

- a) It is preferred that a color photo is sent via email. If using postal mail, please send a color, clear photo.
b) You are welcome to send more than one photo

HOW TO SUBMIT REQUIRED MEDICAL AUTHORIZATION FORM AND NOMINEE'S PHOTO:

- 1) **Email:** scoletti@grantedwish.org (Scan the Form must be in a .PDF - Format; Photo in a .JPG Format)
2) **Postal Mail:** The Granted Wish Foundation – c/o 604 35th St. NW Canton, OH 44709