

Memories of Love Wish Request

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For Office Use Only

Today's Date: _____

Wish vacation start date: ____/____/____ Alternate Date: ____/____/____

1. Family Information

Wish Recipient: _____

Sex: _____ Last Name _____ First Name _____
Age: _____ Birth Date: _____

Caregiver: _____
Last Name _____ First Name _____

Address: _____

City, State, ZIP: _____

Family e-mail address: _____

Phone #: _____ Cell Phone #: _____

Your entire immediate family can go on the vacation with you. This includes children (for whom you have legal custody) through age 16.

Last Name	First Name	T-Shirt Size	Age	Sex	DOB	Relationship
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____

Referral Agency

Facility Name: _____ Contact: _____

Address: _____ Phone: _____

City, State, ZIP: _____ Fax #: _____

E-Mail: _____ Cell Ph #: _____

3. Emergency Contact (Family or close friend to contact while wish family is in Orlando):

Name _____ Relationship _____

Cell/pager: _____ Home Ph: _____

4. Dates Family Will Pick Up Tickets

The vacation consists of 3 days at the Walt Disney World Parks, 2 days at Universal Studios, and 1 day at Sea World. At the Walt Disney World parks, you may wish to go for 3 consecutive days, or break up the days, by getting a "hopper" pass. Please indicate the date you will be picking up each park's tickets. You must pick up the tickets on the days you have indicated to assure availability.

Walt Disney World Pick Up Date: _____ Alternative Dates: _____

Universal Studios Pick Up Date: _____

Sea World Pick Up Date: _____



5. Special Needs

- _____ Refrigeration in room for medications
- _____ Wheelchair accessible room
- _____ Rollaway bed
- _____ Non Smoking room

6. A \$200 travel expense check is available to the wish recipient. For check cashing convenience, the check can be written to someone other the wish recipient. Whose name should appear on the check?

Wish Recipient: _____ **Caregiver:** _____ I/we hereby expressly acknowledge that I/we have requested that I/we be allowed to participate in a wish being granted to the above named wish recipient by **Memories of Love**, a nonprofit organization ("Memories of Love").

I/we further agree to hold harmless and to release **Memories of Love** and its Releasee from and against any and all claims and causes of action of every kind arising from any and all physical or emotional injuries and/or damages which may happen to me/us, or damage to or theft of our personal belongings, jewelry or other personal property which may occur while staying at, or traveling to or from the accommodations arranged by **Memories of Love**. At no time will any children with me/us be left unattended or unsupervised by an adult throughout our entire stay at the accommodations arranged by **Memories of Love**. In addition I/we acknowledge that I/we am/are guests of **Memories of Love**, and are responsible for any damages to or loss of property at the accommodations arranged by **Memories of Love** caused by me/us or by my/our children.

Wish Recipient _____ Caregiver _____

By my/our signature(s) set forth below, and in consideration of **Memories of Love** granting said wish, I/we hereby voluntarily, unconditionally, fully and completely release **Memories of Love** and all of its affiliates, participating hospice / hospital organizations / medical care providers (including the authorizing physician named below), agents, officers, directors, servants and employees (the "Releasees") from any liability whatsoever in connection with the preparation, execution and fulfillment of said wish, on behalf of ourselves, the above named wish recipient and all other participants. The scope of this release shall include, but not be limited to, damages or losses or injuries encountered in connection with transportation, food, lodging, medical concerns (physical and emotional), entertainment, photographs and physical injury of any kind.

Wish Recipient Caregiver _____

I am aware that only wish participants whose names are listed on this form may stay at the accommodations arranged by **Memories of Love** and utilizes services and special offerings. I/we expressly acknowledge and agree that this Liability Release applies to any and all stays or visits granted by **Memories of Love** regardless of when the stay or visit occurs or the duration of the stay or visit.

Wish Recipient _____ Caregiver _____

With respect to the physical and emotional effects of granting the wish of the above named wish recipient, I/we hereby acknowledge that I/we will consult with and obtain the written authorization of _____, MD (Please Print Doctor's Name) who is the above named wish recipient's physician, to allow the above named wish recipient to participate in the wish, and will follow the advice of said physician in connection therewith.

Wish Recipient _____

Caregiver _____

I/we further agree that in the case of emergencies wherein the wish recipient becomes ill and must be hospitalized or flown home, whether via commercial airline, private or air ambulance, I/we assume all legal and monetary responsibilities. In the event the wish recipient passes away during his/her vacation granted by **Memories of Love**, the family of wish recipient will make necessary arrangements with a funeral home and for travel to get the wish recipient and the family home.

Wish Recipient _____

Caregiver _____

By my/our signature(s) set forth below, I/we further authorize **Memories of Love** and any of its Releasees to photograph, film and/or electronically record interviews with me/us in such a manner as they choose. I/we further authorize **Memories of Love**, 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, television and radio stations, and/or any other organization or person that customarily presents information or news to the general public. I/we further authorize **Memories of Love** and its Releasees to disclose to the general public, as well as to television and radio stations, newspapers or magazines, or any other form of news or public media, now or at any time in the future, my/our name(s) and the details of the wish in which I am/we are participating.

Referral Agency _____

Wish Recipient _____

I/we agree(s) that, upon the sole and exclusive election of **Memories of Love** and/or any of its 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 Florida substantive law without resort to Florida'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.

Referral Agency _____

Wish Recipient _____

I/we have not been promised by any agent, director, officer, servant, or employee or **Memories of Love**, 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/we are relying solely upon the advice and information supplied to me/us by **Memories of Love and Releasees** are acting and have acted solely at my/our request and in accordance with and pursuant to my/our instructions.

Referral Agency _____

Wish Recipient _____

The person whose signature appears below has unconditional authority to execute this document on behalf of **Memories of Love**.

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

Referral Agency: _____

Date: _____

Wish Recipient: _____

Date: _____

Caregiver: _____

Date: _____

Parent Signature of all minor children included in this Wish Vacation: _____

Date: _____

