



DREAM MAKERS SLO APPLICATION

Help us make your dream come true...

Please read this form very carefully and follow all the instructions to complete the steps necessary to make your dream come true.

Incomplete applications will delay processing of the application, please submit all required information. When completed, please give the application to your physician or send to:

DREAM MAKERS SLO
3940 BROAD STREET SUITE 7-385
SLO, CA 93401

We regret that we are unable to grant the following types of dreams:

- Requests for adults with chronic illnesses - with the exception of individuals with a clinical prognosis of 12 months or less
- Surprise dreams
- Legal assistance
- Hunting
- Funeral arrangements or posthumous requests
- Medical treatment/supplies/equipment/transportation
- Any dream request deemed offensive, inappropriate or inconsistent with the values of our foundation or our corporate partners
- Requests from individuals living outside the USA
- Cruises
- Cash
- Reimbursements for completed dreams
- Automobiles, Lifts, Repairs and RV rentals
- Property and home improvements or repairs
- Travel outside the United States

Step 1 – Application Requirements:

Please include the following: a photograph, personal letter and copy of tax return (outlined in detail below).

- **Photograph:** Must be clear and taken in the past year. It may include family, pet, etc.
- **Letter:** Your letter should be no longer than one page in length, one side, and refer to the illness you are battling. Clearly describe your dream and where the most help is needed to fulfill that dream

- **Tax Return:** Please provide a copy of the signature page of your most recent tax return (Form 1040) or other proof of annual income (e.g. SSI, Disability Statement or Bank Statement)

Step 2 - General Information:

Applicant's Name: _____
 Address: _____
 City/State/Zip: _____
 County: _____ Home Phone: (____) _____ - _____
 Cell Phone: (____) _____ - _____ E-mail: _____
 Date of Birth: _____ Age (MUST BE OVER 18): _____ Ethnicity: _____
 Gender: _____ Military Veteran: Y____ or N____
 Branch/Dates of Service: _____
 Clubs, Organizations, Churches apart of: _____

 Referred by: _____
 Present/Most Recent Employer: _____
 Current Annual Household Income: _____
 Other Contact Person: _____ Relationship: _____
 Phone: (____) _____
 Address: _____
 (Including City/State/Zip if different from above)

Step 3 – Dream Request:

Dream Applicant: _____

Dream Request:

Alternative Dream Request: (Must be entirely unrelated to first dream):

***If no alternative dream is listed, only primary dream request will be pursued

Has Applicant ever been granted a dream by another organization? YES _____ NO _____

Does Applicant, or one of the participants in dream, have a major credit card?

YES _____ NO _____

VISA _____ M/C _____ Other _____

Does Recipient, or one of the participants in dream, have a valid driver's license or ID?

YES _____ NO _____

Is an application submitted or pending with another wish granting organization?

If yes, where? _____

Participants requested family, spouse, caregiver and children under the age of 18 living at home:

PARTICIPANT/CHILD'S NAME:

SEX, RELATIONSHIP:

AGE, DOB:

Step 4 - Medical Information:

Dream Applicant's Signature: _____

This Part To Be Completed By Physician Only

Physician's Name: _____

Physician's Address: _____

(Including City/State/Zip)

Phone Number: (_____) _____ - _____ Fax Number: (_____) _____ - _____

If patient is under hospice care:

Hospice Name: _____

Phone: (_____) _____ - _____

Applicant's Diagnosis: _____

Current Life Expectancy in MONTHS: _____

I certify that I am the treating physician of the Applicant. To the best of my knowledge, my patient **has a life expectancy of twelve months or less**, of sound mind, and capable to sign legal documents. I have discussed (or will discuss) the dream request with my patient and have deemed it safe and reasonable if his/her dream is granted within the next three months.

Signature of Physician, NP or PA only

Title Date

Step 5 - Dream Agreement:

Please initial items 2, 3, 4, 5 and 20 (Option 1 or 2) where indicated, below:

1. Granting of dream. Dream Makers SLO shall assist with the dream requests for the person identified below (“Recipient”) and recipient’s immediate family members or caregiver – such as a spouse, significant other, caregiver, mother, father and/or dependent children, living in the home, under the age of 18, subject to the terms and conditions set forth in this agreement. Dream Makers SLO reserves the right in its sole and absolute discretion, to decide if a dream will be granted and on what terms. Dream Makers SLO shall have no obligation to fulfill any dreams hereunder if it elects to terminate or abandon such dreams pursuant to section 10 below.

2. Permission to disclose medical condition. The Recipient grants Dream Makers SLO the right to disclose the nature of his/her medical condition to the extent necessary in the fulfillment of the dream. Furthermore, the Recipient grants Dream Makers SLO permission to obtain medical information about the recipient which Dream Makers SLO may feel necessary for fulfillment of the Dream and authorize all physicians and medical care providers to provide Dream Makers SLO with all medical information. _____[initial here]

3. Waiver. The Recipient and all participants hereby waive any and all rights he or she may have or may hereafter acquire against Dream Makers SLO, its officers, directors, agents, and employees arising out of any injury, damages, or losses suffered by the Recipient, and all participants, arising out of or in any way related to Dream Makers SLO preparation, execution or fulfillment of the Dream, regardless of whether such loss or harm is caused by the active, passive or gross negligence of Dream Makers SLO or any other person. _____[initial here]

4. Release. Recipient, and all participants, together, and each of them individually, does hereby forever release and remise Dream Makers SLO, its officers, directors, agents, and employees from any and all claims, lawsuits, damages, or losses arising out of or in any way related to Dream Makers SLO preparation, execution or fulfillment of the Dream, any injury, damages, or losses suffered by Recipient or participants, or any of them of whatever nature, and of whatever extent, regardless of whether such loss or damage is caused by the active, passive or gross negligence of Dream Makers SLO or any other person. _____[initial here]

5. Indemnity. Recipient, and all participants, together and each of them individually, hereby agree to indemnify and hold harmless Dream Makers SLO, its officers, directors, agents, and employees of and from any and all losses suffered by Dream Makers SLO, its officers, directors, agents, and employees as the result of any claim, lawsuit, or action arising out of or relating in any manner to Dream Makers SLO preparation, execution and fulfillment of the Dream, or due to a breach by Recipient, or any participants, of the representations, warranties or covenants contained in this agreement. Said hold harmless and indemnity includes, but is not limited to, reasonable attorneys fees and costs incurred by Dream Makers SLO, its officers, directors, agents, and employees in retaining attorneys of Dream Makers SLO choice to defend any and all such claims, lawsuits, and actions. _____[initial here]

6. Relatives/Friends. No person may accompany the Recipient during any portion of the Dream fulfillment, unless specifically agreed to in writing between Dream Makers SLO and dream Recipient.

7. Dream expenses. The expenses Dream Makers SLO has agreed to pay for are those foreseeable and directly related to the fulfillment of the Dream. Dream Recipient, relatives or friends, together understand that they may be forced to incur substantial expenses as a result of unforeseen events or circumstances beyond Dream Makers SLO control, especially if fulfillment of the Dream involves travel. Dream Makers SLO shall not have any responsibility or liability for expenses incurred by Recipient, relatives or friends which have not been expressly assumed by Dream Makers SLO pursuant to this Agreement, which have been caused by unforeseen events, or circumstances beyond Dream Makers SLO control. For example, a particular Dream may contemplate Dream Makers SLO paying for certain specific expenses for a specific period of time while Recipient is traveling away from home. If Recipient’s medical condition deteriorates so that immediate hospitalization is necessary, Recipient may be forced to remain away from home longer than the period of time contemplated by the wish. In that event, it will be the sole responsibility of the Recipient to pay for all expenses in excess of those for which Dream Makers SLO has agreed to pay, whether medically-related, for meals and lodgings, including hospitalization, or for other goods, or services of any nature. **If death occurs during dream, Dream Makers SLO is unable to assist in any way.**

8. Fundraising. As a participant in the Dream Makers SLO program, if needed, a campaign may be undertaken in your community, with your prior approval, to raise funds and/or Frequent Flyer Miles to fulfill the Dream. Money raised will be used for your dream up to a maximum allocation as described in item 7. Funds or Miles raised above the allocation for your dream will be used for future dreams.

9. Representations and warranties. Recipient, relatives, friends and participants, jointly and severally, make the following representations and warranties to Dream Makers SLO:

- (a) they have made a true and full disclosure of all medical conditions to Dream Makers SLO;
- (b) all information contained in the application and any materials provided in support of the application are true and correct in all material respects;
- (c) they will notify Dream Makers SLO if and when Recipient's medical condition should deteriorate at any time prior to fulfillment of the Dream;
- (d) they are carrying, or during the fulfillment of the Dream shall be carrying, full medical insurance, including any additional coverage which may be required as a result of the Dream to be fulfilled, or that they assume the risk and personal responsibility of failing to carry adequate medical insurance;
- (e) **if fulfillment of the Dream involves travel, they are able to bear the financial burden of the potentially substantial expenses which they may be forced to personally incur as a result of unforeseen circumstances or events beyond Dream Makers SLO reasonable control (as set forth in paragraph 7), and that they assume the risk and personal responsibility for such expenses;**
- (f) Recipient has not previously been granted a dream by Dream Makers SLO or another charitable dream granting organization; and
- (g) in requesting Dream Makers SLO to fulfill the Dream, the dream Recipient is not relying upon nor have they received any counsel or advice from Dream Makers SLO with respect to the advisability of or the risks attendant to the Dream.

10. Termination of dream. Dream Makers SLO shall terminate the preparation and/or fulfillment of the Dream after the signing of the Agreement, if: (1) Dream Makers determines, after consulting with a medical professional, that fulfillment of the Dream may endanger the health or safety of Recipient or of others involved in the Dream; (2) Dream Makers SLO determines, after consulting with a medical professional, that the Recipient is or will be incapable of appreciating or utilizing the goods, services, or activities related to the dream; (3) the Recipient passes away prior to the fulfillment of the Dream; or (4) Dream Makers SLO determines, in its sole and absolute discretion, that the Dream Recipient, his or her dream or the participants of the Dream do not compliment the values of the Dream Makers or those of its corporate partners; or (5) Recipient and any participants have breached any of the representations, warranties or covenants contained in this Agreement. In the event Dream Makers SLO aborts preparation or fulfillment of the Dream, Recipient, and all participants agree that Dream Makers SLO shall not be held liable or responsible for any expenses that Recipient, or any participants may have incurred in contemplation of Dream Makers SLO fulfilling the Dream. NOTE: Only Dream Makers SLO may make a request for resources on behalf of a dream. If the dream Recipient, any participants, friends or anyone having knowledge of this dream uses the name of Dream Makers SLO to solicit support, the Dream will be immediately disqualified and terminated.

11. Further Assurances. Recipient, and all participants agree that he or she shall, at the request of Dream Makers SLO execute and deliver to Dream Makers SLO all further documents that Dream Makers SLO deems necessary or appropriate in order to prepare, execute and fulfill the Dream, including without limitation, evidence of permission to perform a background check on the Recipient.

12. Counterparts. This Agreement may be executed in counterparts, any of which shall be deemed to be an original.

13. Amendment. This Agreement shall not be modified or superseded, except by a writing executed by the parties.

14. Governing law. The laws of the state of California shall govern this Agreement without regard to its conflict of laws principles .

15. Binding effect. This Agreement is binding on all heirs, successors, representatives, and assigns of all parties hereto.

16. Severability. If any portion of this Agreement shall be determined to be invalid or unenforceable, all other portions shall remain valid and enforceable.

17. Entire agreement. This Agreement, the application and all materials provided in support of the application constitutes the entire Agreement and understanding of the parties with respect to the transaction contemplated hereby, and supersedes all prior agreements, arrangements and understandings related to the subject matter. No representation, promise, inducement or statement of intention has been made by any of the parties hereto not embodied in this Agreement and no party shall be bound by or liable for any alleged representation, promise, inducement or statements of intention not set forth or referred to herein.

18. Captions. The Captions appearing in this Agreement are for convenience and ease of reference only. They in no way describe, limit or extend this Agreement or any of its provisions.

19. Proof of financial hardship. Dream Recipient understands Dream Makers SLO reserves the right to request documentation of financial hardship.

20. Grant of Right of Publicity. PARTICIPANTS UNDERSTAND AND AGREE THAT FULFILLMENT OF THE WISH MAY RESULT

IN PUBLICITY, WHETHER OR NOT THE DREAM FOUNDATION ACTIVELY TAKES STEPS TO PUBLICIZE THE WISH.

OPTION 1: The Dream Recipient and Participants hereby irrevocably authorize Dream Makers SLO: (a) to publicize and use Participants' likenesses, voices and features, with or without their names, for any publication, promotion, trade, business use, or any other purpose whatsoever; (b) to photograph, videotape, film, and record each participant in any manner Dream Makers SLO chooses; (c) to copyright, convey or otherwise distribute, now or in the future, any such material involving the participants for any purpose to anyone, including the general public, magazines, newspapers, television, radio stations, or anyone else; (d) to publicize, now or in the future, the names of the participants including information regarding them, their physical or emotional conditions and the details of any wish granted.

The Dream Recipient and each of the Participants agrees that it is not necessary for Dream Makers SLO or anyone else to contact them prior to releasing any information authorized by this document. Each of the Participants hereby releases Dream Makers SLO from all liability, damages, or claims of any kind resulting in or from, or arising from the use, distribution or disclosure of any photographs, films, videotapes, electronic recording or other information regarding Participants and the dream.

Initial here if Option 1 is selected: _____ (Must be initialed by ALL Participants)

OPTION 2: The Dream Recipient and Participants request that the Dream not be actively publicized by Dream Makers SLO to the news media and general public. However each of the Participants understand that information regarding the Dream and the Participants will necessarily be discussed with and disclosed to those involved in the Dream process. Each of the Participants also understands that, even if Dream Makers SLO does not actively publicize the Dream, the general public and the news media may obtain information concerning the Dream from other sources.

Initial here if Option 2 is selected: _____ (Must be initialed by ALL Participants)

*IMPORTANT Please note: A Dream takes the help and assistance of many parties. The recipient Dreamer agrees that upon the completed and delivered Dream, he/she will not contact or continue to connect with any and all parties involved in the dream. _____ initial _____ date

By signing below, you affirm and acknowledge that you have read this Agreement, have retained a copy, and fully understand and agree to its provisions. All Participants must sign Agreement. For any minor Participants, the signature of their parent or guardian is both on behalf of the parent or guardian and on behalf of the minor.

_____ Dream Recipient Date

_____ Dream Participant Date