

## <u>Deliver the Dream Family Retreat Application</u> Please print clearly

Retreat Information			
What retreat are you applying for:			
Who referred you to our program (organization/person)?			
Applicants First & Last Name:			
Delationship to the family	Data of Birth	Condor	
Relationship to the family:	Date of Birth:	Gender:	
Please tell us about the applicant:			
Home Address:		Apt/Condo:	
City:	State:	Zip:	
Phone Number(s):			
E-mail:			

## **Family Members** Please list the other family members that will attend the retreat: (immediate family only) First and Last Name Date of Birth Gender **General Information** Tell us about your family and why you feel this retreat might be beneficial: Who is your emergency contact: First & Last Name Relationship Phone Number

List languages spoken by your family members (Please note: All sessions are in English):

If a family member does not understand English please list their name(s) and language spoken:

()Other\_\_

()French

()Spanish

()English

Deliver the Dream Family Retreat Application Page 2

your family members may be photographed and/or videotaped by staff, sponsors, corporated and others. We request permission for you and your family members' participation. parents and/or guardians may choose to grant or deny Deliver the Dream, Inc. permission or videotapes of the above-named family members, alone or in groups, in newspaper article site, brochures, special fundraising activities, scrapbook, videos and photo albums understanding and support of the Deliver the Dream program. By granting permission below and hold harmless Deliver the Dream, Inc. from any claims, judgments or demands which use of the above referenced photographs and/or videotapes.	By initialing below, to use photographs is, newsletters, Web- is for use in public or, you hereby release
Yes, I/we grant permission No, I/we deny perm	ission
Permission to Participate: I/We hereby give permission to travel to the Deliver the Dread Program (hereinafter "the Retreat") as a family in the program. I understand that I will travehicle to "the Retreat". I/We, understand that while at "the Retreat", depending on the offered *physical activities including, but not limited to swimming, boating, arts & crafts, boutdoor recreational activities.	avel by our personal venue, we may be
Yes, I/we grant permission No, I/we deny perm	ission
Permission to Administer Treatment: The information contained in this application is correct best of my knowledge. I/We, can engage in "the Retreat" activities with exception to application and agree to abide by any restrictions placed on me and my family. I/We herebethe Deliver the Dream on-site professional medical staff to provide routine health care, a medications (if necessary), and seek emergency medical treatment. I/We agree to the rel necessary for insurance purposes. I/We give permission to Deliver the Dream to arrang related transportation for me or my family. If necessary, a copy of this completed form may away from "the Retreat" facility that may be offered as part of the overall program.	those noted on this by give permission to dminister prescribed lease of any records the necessary health-
Yes, I/we grant permission No, I/we deny perm	ission
Release of Claims: In consideration of participation in "the Retreat", I/we, for myself, he administrators, hereby personally, release, indemnify, save and hold harmless, acquit, for waive any claims or causes of action which I/we may now or hereafter have against Deliver to participating agencies, all corporate sponsors and collaborators, and their respective substant and any and all of their officers, directors, trustees, agents, servants, associates, employed shareholders, beneficiaries, successors, and assigns, of all liabilities, claims, actions, expenses which they or I/we may now or hereafter have arising out of or in any way connect in Deliver the Dream, including, but not limited to, travel to or from "the Retreat" and injustifiered before, during, or after "the Retreat". I understand that this waiver includes at negligence, action, or inaction of the above parties. I understand that I am assuming the reparticipate in.	rever discharge and the Dream, Inc. other idiaries and affiliates ees, representatives, damages, costs, or ted with participation juries which may be ny claims based on
Yes, I/we grant permission No, I/we deny permi	ission

Release for Publication: During the course of the Deliver the Dream experience, there will be occasions when

I understand that...

Releases (please initial yes or no below)

- A letter from a healthcare professional (must be on letterhead and be signed, dated, include professional title, work address, phone, and email) stating the applicants current diagnosis plus any physical, emotional or cognitive delays, plus their medications and allergies must be submitted to complete my application. (Excluding the veterans, LGBTQ, and bereavement retreat).
- A completed application does not guarantee acceptance into the program.
- All eligible applications will be entered into a lottery to select the final retreat recipients.