

MFF Child's Name: _____
First Middle Last

Preferred Name: _____ Gender: Male Female Self-Describe _____

Age: _____ DOB: _____ MFF Child T-Shirt Size: _____

MFF Child's Medical Condition: _____

MFF Child's Primary Address: _____

MFF Child's Mobile Telephone, if applicable: (_____) _____

MFF Child's Email, if applicable: _____

My Favorites:

Color	_____	Music/Singer	_____
Book/Story	_____	Hobby	_____
Game	_____	Movie	_____
Food	_____	Show	_____
Restaurant	_____	Actor/Actress	_____
Cake/Candy	_____	Sport/Athlete	_____
Snack Food	_____	Pet/Animal	_____
Class in School	_____	Other	_____

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...

Volunteer Note: Please capture details about each wish idea expressed by the MMF child. Space is provided to capture up to four ideas, but all four are not required. At least two ideas should be captured (ensuring that one idea does not involve travel and/or large gatherings).

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.

MFF Child's Name: _____
First
Middle
Last

Parent/Legal Guardian: _____
First
Middle
Last

Relationship to Child: _____ Age: _____ DOB: _____

Address: _____

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

Mobile Telephone: (_____) _____ Email: _____

Parent/Legal Guardian: _____
First
Middle
Last

Relationship to Child: _____ Age: _____ DOB: _____

Address: _____

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

Mobile Telephone: (_____) _____ Email: _____

Prior Wish: Has your child ever had a wish granted or been considered by MFF® or any other wish-granting organization? Yes* No. **If yes, please indicate the organization's name, the wish, and the date it was or will be granted.* _____

A wish with another organization may not be pursued prior to completion of a MFF experience.

Social Media: MFF would like to stay connected through social media. If interested, please provide contact information for each site on which you are active. _____

Required Signatures

I understand and agree:

1. That no promises or assurances whatsoever have been made to me by any representative of Making Memories Foundation 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 Making Memories Foundation and the child's physician, as well as full compliance with all conditions, qualifications, and restrictions designated by Making Memories Foundation;
3. That all individuals with parental or custodial rights for the child 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 Signature *Date*

Parent/Legal Guardian Signature *Date*

Please Print Name

Please Print Name

Names of Making Memories Foundation representatives assisting in the completion of this form.

Requested Wish Participants, as indicated by the MMF child. Please list legal names of **all** requested wish participants and relevant information. **NOTE:** Making Memories Foundation cannot guarantee the participation of any individual(s) listed below.

<i>First</i>	<i>Middle</i>	<i>Last</i>	<i>Relationship to MMF Child</i>	<i>Date of Birth</i>	<i>T-Shirt Size</i>

All requested wish participants reside with MFF child? Yes No

If no, list full name of any requested wish participant that does not reside with the MMF child. Please detail living arrangements/unique circumstances for any requested wish participant not residing with the MMF child.

Does a requested wish participant have medical needs? Yes No

If yes, list full name of any requested wish participant with medical needs. Additional information may be required.

Adult Emergency Contact (*non-wish participant*): _____
First *Middle* *Last*

Telephone: (_____) _____ Relationship to MFF Child: _____

Email: _____

Child's Ethnicity: The following information is **OPTIONAL** and will be used for **STATISTICAL PURPOSES ONLY**.

The response should be provided by the child or his or her parent(s)/guardian(s) if they choose to do so.

- Hispanic or Latino - A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race.
- White - A person having origins in any of the original peoples of Europe, the Middle East, or North Africa.
- Black or African American - A person having origins in any of the black racial groups of Africa.
- Native Hawaiian or Other Pacific Islander - A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.
- Asian - A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian Subcontinent, including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, & Vietnam.
- Native American or Alaska Native - A person having origins in any of the original peoples of North and South America (including Central America), and who maintains tribal affiliation or community attachment.
- Two or More Races - A person who primarily identifies with two or more of the above race/ethnicity categories.
- I choose not to self-identify



MFFChild's Name: _____
First Middle Last

Scheduling the MFF life-changing wish

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

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

Is there anything on your family's 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, Making Memories Foundation does need to know ahead of time.	<input type="checkbox"/>	<input type="checkbox"/>	

**LIABILITY RELEASE AND
AUTHORIZATION RE: MEDICAL
INFORMATION AND PUBLICITY**

The undersigned have requested that the Making Memories Foundation[®] of DC, as well as the Making Memories Foundation of America, all licensed chapters and affiliates thereof, and their respective volunteers, officers, directors, employees and agents (collectively, "Making Memories Foundation"), fulfill a wish (the "MFF") for _____ ("MFF Child"). The MMF child and the following people (collectively, "Participants") have requested that Making Memories Foundation allow them to participate in the Wish: (indicate names of potential wish participants)

Participants, and the parents or legal guardians of the MMF child and any minor Participants, 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

Participants understand that involvement in the Wish may entail risk of injury or harm to the Participants and agree that this risk is fully assumed by the Participants. In addition, and in consideration of Making Memories Foundation considering the Wish and, if it so determines, granting the Wish, the Participants hereby release and agree to hold Making Memories Foundation 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, accidental injury or death.

Authorization re: Medical Information

The parents or legal guardians of MMF child: (1) grant Making Memories Foundation permission to obtain all medical information about MMF child that Making Memories Foundation deems necessary for consideration or fulfillment of the Wish; (2) authorize all healthcare providers, including MMF Child's primary physician, to provide Making Memories Foundation with all such information regarding MMF child; and (3) agree to sign any additional medical authorization forms that may be required by MMF child healthcare provider(s).

Publicity Authorization

Participants understand and agree that fulfillment of the Wish may result in publicity, whether or not Making Memories Foundation actively takes steps to publicize the Wish. However, to the extent Making Memories Foundation has control over the matter, MMF Child's parents or guardians are asked to choose between the following two alternatives. [**Note:** By signing this Release and Authorization, all other Participants (or their parents/guardians if under the age of 18) agree to be bound by the "publicity option" chosen by MMF Child's parents or legal guardians.]

OPTION 1 [**Publicity O.K.:** Participants authorize Making Memories Foundation to publicize the Wish and to use Participants' names, likenesses and other information about Participants and the Wish (including MMF Child's medical condition), whether embodied in photographs, videotapes, recordings or any other format (collectively, "Information"), for purposes of promotion, publication, commercial advertising, or any other purpose whatsoever, now or at any time in the future. Participants understand and agree that Making Memories Foundation may 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; (2) with or without Participants' names; (3) without the payment of royalties or other compensation to anyone; and (4) without the need to notify them or to seek further approval before doing so.

Initials of **BOTH** MMF Child's parents/ guardians _____

if authorizing publicity:

OPTION 2 [*Prefer no publicity*]: Participants request that information about their involvement in the Wish not be actively publicized by Making Memories Foundation to the electronic or print news media, posted on the Internet, or used in Making Memories Foundation “collateral” such as newsletters, brochures, annual reports, etc. However, each Participant understands and agrees: (1) that information regarding the Wish and Participants will necessarily be discussed with and disclosed to those involved in the wish process; (2) that Making Memories Foundation may publicly describe and promote the Wish generally, without specifically identifying Participants; and (3) that even if Making Memories Foundation does not actively publicize the Wish, the general public and media may obtain information concerning Participants’ involvement in the Wish from other sources.

Initials of **BOTH** MMF Child’s parents/guardians
if prefer Wish not be actively publicized: _____

INITIAL HERE

Participants acknowledge reading and understanding this Release and Authorization. For the MMF child and any minor Participants, the signature of their parent or guardian is on behalf of the parent/guardian and on behalf of the minor. Participants agree that this Release and Authorization fully and accurately expresses their understanding and has not been modified orally or in writing.

_____	_____
<i>Date</i>	<i>Parent/Legal Guardian of MMF child</i>
_____	_____
<i>Date</i>	<i>Parent/Legal Guardian of MMF child</i>
_____	_____
<i>Date</i>	<i>Other Adult Participant (if any)</i>
_____	_____
<i>Date</i>	<i>Other Adult Participant (if any)</i>
_____	_____
<i>Date</i>	<i>Other Adult Participant (if any)</i>
_____	_____
<i>Date</i>	<i>Parent/Legal Guardian of Other Minor Participant (if any)</i>
_____	_____
<i>Date</i>	<i>Parent/Legal Guardian of Other Minor Participant (if any)</i>

Virtual Entertainment & Sports Wish Letter of Understanding

Making Memories Foundation is excited to pursue a virtual wish for your child, _____,

to _____. To help make the wish process a fun-filled and memorable experience, we want to share some important details that make **virtual** Entertainment & Sports wishes unique.

A virtual wish can be pursued **in place of** an in-person experience, should travel not be possible or preferred. With the support of technology, your child's wish can take place from the comfort of where you currently reside. Before you choose to move forward with a virtual wish, please review the following frequently asked questions:

What are the different types of virtual wishes? Virtual wishes can include a phone call, video call or video message.

Can you guarantee my child's wish can be granted virtually? We are happy to explore options to grant your wish virtually; however, there may be times when we are unable to for reasons outside our control. When this is the case, or when our efforts have exceeded 12 months, we will ask for your understanding and request that your child select an alternate wish.

If my child has wished to meet a band, team, or cast, will all members be present virtually? Making Memories Foundation will make every effort to grant your child's wish as stated. However, there may be instances when we can only include one individual (or fewer than all) in the delivery of the wish.

Is there anything else you can't guarantee regarding virtual wishes? In addition to the variables outside of our control in granting an Entertainment or Sports wish, there are additional aspects of virtual wishes we cannot control:

- The duration of a phone call, video call or video message
- Which format will be used to execute the wish (e.g., phone, Skype, Facetime, Zoom, etc.)
- How many participants will be included in the wish experience; and/or
- If permission will be given to record the wish, or if your family will be allowed to share the experience publicly

If the experience offered by the celebrity or entertainer does not meet your child's vision, we will ask that he or she consider an alternate, non-celebrity wish.

If a phone or video call is confirmed, can we (the family) invite others to join the wish experience? In order to ensure the MMF child is the focus of the wish experience, participants will be limited to those sponsored by your local Making Memories Foundation office. Participants should be those in the presence of the child; additional guests cannot be "conferenced in."

Can an in-person experience be pursued if my child has already received a virtual wish? If your child receives a virtual wish experience, Making Memories Foundation will consider the child's wish to be granted. We cannot pursue an additional experience.

If Making Memories Foundation is unable to grant the wish, or if planning is taking longer than expected, can we (the family) conduct outreach and/or solicit help from others who may have connections? Please do not reach out to a celebrity/organization on your own or through others at any time. Making Memories Foundation has a dedicated team of experts who have established relationships within the Entertainment & Sports communities. Attempting your own outreach may cause confusion, slow down the process and/or jeopardize relationships with the celebrity, which could impact not only your child's wish, but also those of other current and future MMF children.

Can we record our child's virtual wish and/or share the wish externally? A virtual wish experience, in any format, should not be recorded without prior permission in advance from Making Memories Foundation. If permission to record the wish experience is given, this does not indicate permission to share the recording in a public forum, including social media, personal blogs, and/or traditional media. This careful approach is how we have built such strong relationships within the Entertainment & Sports industries, which have enabled us to grant thousands of these wishes over the years. If a wish of this type is declined for any reason, we will always respect the decision and will never publicize that fact. Publicly sharing a declined wish with external audiences may be perceived negatively and potentially damage relationships with the celebrity or group.

We look forward to providing a memorable wish experience for your child. Please sign below indicating you have read and understand the Virtual Wish Letter of Understanding and will discuss its contents with members of your family and any other potential wish participants. If you have any questions about the virtual wish process, please let us know.

First Parent/Guardian Signature

Date

Second Parent/Guardian Signature

Date