

Dream Request Form

Before filling out this form, please be sure you have reviewed the **Guidelines on Patient Eligibility & Dream Fulfillment** to ensure DreamCatchers can move forward with this Dream experience request.

| Patient "Dreamer" Name: | | | |
|---|--|--|--|
| Dreamer Age: | | | |
| Former First Responder or Veteran?: Yes No | | | |
| If yes, please specify type/branch: | | | |
| Dreamer Representative Name: | | | |
| Relationship to Dreamer (Nurse, Spouse, Relative): | | | |
| Email Address (required): | | | |
| Phone Number (required): | | | |
| Preferred Contact Method (required): | | | |
| \square Phone (Call) \square Phone (Text) \square Email \square Other (please specify): | | | |
| Dreamer Consents to Photos/Video (more information on Liability Release | | | |
| Form attached): Yes No Dreamer Consents to Media/Press: Yes No | | | |
| Dieanier Consents to Media/11ess. 11es 110 | | | |
| My Dream is to | | | |
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Hospice DreamCatcher Foundation, LLC ("DreamCatchers Foundation")

RELEASE AND WAIVER OF LIABILITY AGREEMENT

| I, | ("Participant/Dreamer"), acknowledge that I am voluntarily | |
|---|---|---|
| participating in the | following activity: | |
| | Dream | Catchers Activity |
| LIGHT OF MY ME EVEN KILLED. I A WITH KNOWLED ANY AND ALL RIS | TT THIS ACTIVITY MAY BE HAZARD EDICAL CONDITION. I MAY BE SE AM VOLUNTARILY PARTICIPATING GE OF THE DANGER INVOLVED AT SKS OF BODILY INJURY, DEATH OF ERISKS ARE KNOWN OR UNKNOW | RIOUSLY INJURED OR G IN THIS ACTIVITY ND AGREE TO ASSUME R PROPERTY DAMAGE, |
| I verify this staten | nent by placing my initials here: | |
| volunteers, agents, that I, my next of ki future for any injury activity. This includ also agree that I wil | reamCatchers and its respective direct and representatives from any and all n, spouse or legal representative now y, death, or property damage related to des any negligent acts of others in contract ll not make a claim, sue or attach the peamCatchers and those connected by | actions, claims, or demands have, or may have in the to my participation in this nection with this activity. I property of anyone |
| videos of the activit | re) I further agree that DreamCatchers and I hereby allow the posting of sacution in any other public media outlet acchers. | me on the DreamCatchers |
| CONTENTS. I AM | LY READ THIS AGREEMENT AND I AWARE THAT THIS IS A RELEASE O WEEN MYSELF AND DREAMCATCH TLL. | OF LIABILITY AND A |
| Signed by*: *This Release must be s Dreamer is unable | signed by the Dreamer participating or the app | ropriate legal representative if |
| Printed Name | Signature | Date |