



Dream Request Form

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

1. Patient "Dreamer" Name: _____

a. Dreamer Age: _____

2. Former First Responder or Veteran?: ___ Yes ___ No

a. If yes, please specify type/branch: _____

3. Name of Hospice/ Palliative Agency: _____

a. Contact at Agency: _____

4. Local Student Chapter (if known): _____

5. Location of Dream (city & state): _____

6. Dreamer Representative Name: _____

a. Relationship to Dreamer (Nurse, Spouse, Relative): _____

7. Email Address (required): _____

8. Phone Number (required): _____

9. Preferred Contact method (required):

___ Phone (Call) ___ Phone (Text) ___ Email ___ Other(please specify): _____

• Dreamer Consents to Photos/ Video (see Liability Release Form): ___ Yes ___ No

• Dreamer Consents to Media/Press at Dream: ___ Yes ___ No

My Dream is to...



Release and Waiver of Liability Agreement

The Dreamer in consideration or their legal representative must fill out this form prior to any Dream activity taking place. Please ensure your Student Chapter or liaison receives it.

I, _____ ("Participant/Dreamer") acknowledge that I am voluntarily participating in the following activity: _____ (the "Dream").

I AM AWARE THAT THIS ACTIVITY MAY BE HAZARDOUS, PARTICULARLY IN LIGHT OF MY MEDICAL CONDITION. I MAY BE SERIOUSLY INJURED OR EVEN KILLED AND MAY BE EXPOSED TO KNOWN OR UNKNOWN CONTAGIONS DURING THE ACTIVITY. I AM VOLUNTARILY PARTICIPATING IN THIS ACTIVITY WITH KNOWLEDGE OF THE DANGER INVOLVED AND AGREE TO ASSUME ANY AND ALL RISKS OF BODILY INJURY, DEATH OR PROPERTY DAMAGE, WHETHER THOSE RISKS ARE KNOWN OR UNKNOWN.

I verify this statement by placing my initials here: _____

I forever release DreamCatchers and its respective directors, officers, employees, volunteers, agents, and representatives from any all actions, claims, or demands that I, my next of kin, spouse or legal representative now have, or may have in the future for any injury, death, or property damage related to my participation in this activity. This includes any negligent acts of others in connection with this activity. I also agree that I will not make a claim, sue or attach the property of anyone connected with DreamCatchers and those connected by the fulfillment of this activity.

_____ (Initial here) **I further agree that DreamCatchers may take pictures and/or videos of the activity and I hereby allow the posting of same on the DreamCatchers website and distribution in any other public media outlet, as determined at the sole discretion of DreamCatchers.**

I HAVE CAREFULLY READ THIS AGREEMENT AND FULLY UNDERSTAND ITS CONTENTS. I AM AWARE THAT THIS IS A RELEASE OF LIABILITY AND A CONTRACT BETWEEN MYSELF AND DREAMCATCHERS, AND SIGN IT OF MY OWN FREE WILL.

Signed by:

Printed Name

Signature

Date