

## Referrals and Eligibility

To be eligible, children must meet the following criteria at the time of referral:

A child must be older than 2 ½ and under the age of 18 at the time of the Referral, child must be ill or suffering loss or tragedy, and who have not had a wish made by Daniela's Wish. Has not received a wish, dream or grant from another organization in the past 2 years. Please disclose any other resources or assistance applied for/received/or receiving.

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Daniela's Wish Organization accepts referrals from:

- Parents or legal guardians
- Healthcare professionals
- Children being treated for a medical condition
- Other family members, teacher, members in the community
- Please include a Dr.'s note stating current diagnosis, undergoing treatment, or last active treatment.

Daniela's Wish regrets that it may not have the necessary resources to grant the wishes of all who apply. The Board of Directors reserves the right to grant or deny a wish application. We ask that the wish is made by the child, allowing them to fully experience their wish. All wishes must be reasonable, obtainable and age appropriate. **Wish may not exceed \$ 1,500. Exceptions may be made under Board approval.**

\*Completion of this form does not automatically qualify the referred child for a wish. PLEASE NOTE: Wish referrals will only be considered for children who reside in New Jersey. Daniela's Wish regrets that our volunteers are not able to grant all requests, and must limit their efforts to children residing in the state of New Jersey.

\*This inquiry form is the first step to receiving a wish – it is not confirmation of eligibility for a wish. Your information will be forwarded and you will be contacted by a member of our wish-granting team.

Please sign the following release statements:

We hereby consent to the use of photos in connection with Daniela's Wish Foundation and activities.

Yes\_\_\_\_ No\_\_\_\_

We hereby consent to the sharing of my info with Daniela's Wish Sister Charities Yes \_\_\_\_ No \_\_\_\_

Print Name:

Signature:

Date:

\_\_\_\_\_

This document contains information which will be kept confidential. The purpose of the request is so the Foundation can make a determination of a wish. Sometimes it may be necessary to request additional information. Daniela's Wish thanks you for taking the time to fill out this form. Please fill out consent, release and waiver below.

## The Daniela's Wish Foundation CONSENT, RELEASE, AND WAIVER

By your execution below, you hereby acknowledge and agree as follows:

1. For good and valuable consideration, you, the undersigned, hereby grant to the Foundation and its successors, licensees, and assigns the perpetual, irrevocable, royalty-free right and permission to: (i) interview you and to film, photograph, and record your likeness, image, voice, name, and performance (collectively, "Persona") and incorporate any or all of the above into the Works; and (ii) reproduce, copy, edit, add to, subtract from, modify, use, reuse, display, perform, exhibit, distribute, transmit, or broadcast the Persona throughout the universe, in any and all media now known or hereafter devised, in whole or in part, in and in connection with the Works.
2. You hereby acknowledge and agree that (i) no money is payable to you hereunder and that your participation and the Foundation's willingness to consider using the Persona in the Works are sufficient consideration to you for the rights you are granting hereunder; (ii) the Foundation is the sole and exclusive owner of all right, title, and interest in and to the Works; (iii) you have no approval or consultation rights regarding the Works; (iv) the Foundation has no obligation to use the Persona or to exercise any right granted herein; and (v) you have the right to enter into this Consent, Release, and Waiver and grant the rights herein, and do so freely and knowingly.
3. You hereby acknowledge that this Consent, Release, and Waiver is irrevocable, and you shall have no right to enjoin, restrain, or in any way interfere with the production, promotion, distribution, and/or exploitation of the Works.
4. YOU HEREBY UNCONDITIONALLY AND FOREVER RELEASE AND HOLD HARMLESS THE FOUNDATION, ITS EMPLOYEES, DIRECTORS, OFFICERS, AGENTS, LICENSEES, AND ASSIGNS FROM ANY AND ALL LIABILITY, CLAIMS, OR ACTIONS THAT ARISE FROM THE RECORDING AND USE OF THE PERSONA, OR THAT YOU OR YOUR HEIRS, EXECUTORS, ADMINISTRATORS, OR ASSIGNS MAY HAVE OR CLAIM TO HAVE IN CONNECTION WITH THE RECORDING AND USE OF THE PERSONA AS DESCRIBED HEREIN, AND YOU AGREE NOT TO SUE OR BRING ANY PROCEEDING AGAINST ANY OF THOSE PARTIES FOR ANY CLAIM OR CAUSE OF ACTION, WHETHER PRESENTLY KNOWN OR UNKNOWN, INCLUDING, BUT NOT LIMITED TO ACTIONS FOR DEFAMATION, INVASION OF PRIVACY, PUBLICITY, PERSONALITY, ANY SIMILAR MATTER, OR BASED UPON OR RELATING TO THE EXERCISE OF ANY OF THE RIGHTS REFERRED TO HEREIN.
5. This Agreement is the entire agreement between the Foundation and you with respect to the subject matter hereof, and supersedes any and all prior agreements, negotiations, representations, and understandings with respect to such subject matter. This Consent, Release, and Waiver shall be governed by and construed in accordance with the laws of the State of New Jersey, and jurisdiction shall be exclusively in the state and federal courts of the State of New Jersey.

**YOU HAVE READ THIS CONSENT, RELEASE, AND WAIVER, FULLY UNDERSTAND ITS TERMS, UNDERSTAND THE RIGHTS YOU HAVE GIVEN UP BY SIGNING IT, AND SIGN IT FREELY AND VOLUNTARILY.**

Dated: This \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

Signature: \_\_\_\_\_

**IF UNDER 18, PARENT OR GUARDIAN MUST ALSO SIGN BELOW:**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

Signature: \_\_\_\_\_

Relationship: \_\_\_\_\_

to Minor

*Please make a copy of this form for your own records and mail, or e-mail, the original to:*

Sheila Olt, Executive Director

Daniela's Wish Foundation

P.O. Box 296

Colts Neck, NJ 07722

[Daniela@danielaswish.org](mailto:Daniela@danielaswish.org)

*If you have questions, contact Sheila Olt at 732-556-7175.*