



**LIABILITY RELEASE AND AUTHORIZATION:
FINANCIAL AGREEMENT, MEDICAL INFORMATION
AND PUBLICITY**

The undersigned have requested that the Gifted Wishes/Pacific NW Hospice Foundation, their respective volunteers, officers, directors, employees and agents (collectively known as “Gifted Wishes/PNW Hospice Foundation”), fulfill a Gifted Wish for _____ (“Wish Recipient”). The Wish Recipient and/or following people (collectively, “Participants”) have requested that Gifted Wishes/PNW Hospice Foundation financially assist them in participating in the following Gifted Wish:

Requested funds amount for Gifted Wish: _____.

Participants and/or the person(s) representing the Wish recipient are signing this Liability Release and Authorization: Financial Agreement, 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 Gifted 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 Gifted Wishes/PNW Hospice Foundation considering the Gifted Wish and, if it so determines, granting the Gifted Wish, the Participants hereby release and agree to hold PNW Hospice 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 Gifted Wish. This includes, but is not limited to, Claims involving economic loss, illness or medical



condition, accidental injury or death. Further, in specific regards to the monies supplied by Gifted Wishes/PNW Hospice Foundation, any amounts exceeding the Requested Funds Amount for the Gifted Wish which have been agreed up by Gifted Wishes/PNW Hospice Foundation become the sole responsibility of the Wish Recipient, the Participants or the person(s) making the Gifted Wish request.

AUTHORIZATION: MEDICAL INFORMATION

The Wish Recipient, or person(s) requesting the Gifted Wish, grants Gifted Wishes/PNW Hospice Foundation permission to obtain medical information necessary for consideration or fulfillment of the Gifted Wish.

PUBLICITY AUTHORIZATION

Participants, the Wish Recipient or person(s) requesting the Gifted Wish understand and agree that fulfillment of the Wish may result in publicity, whether or not Gifted Wishes/PNW Hospice Foundation actively takes steps to publicize the Gifted Wish. However, to the extent Gifted Wishes/PNW Hospice Foundation has control over the matter, Wish Recipient or person(s) requesting the Gifted Wish are agreeing to the following and by signing this Release and Authorization, all other Participants agree to be bound by this Publicity Agreement.

PUBLICITY AGREEMENT

Participants authorize Gifted Wishes/PNW Hospice Foundation to publicize the Gifted Wish and to use Participants' likenesses and other information about Participants and the Gifted Wish (including Wish Recipients 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. Wish Recipient and Participants understand and agree that Gifted Wishes/PNW Hospice 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' full 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.

Wish Recipient and/or person(s) requesting the Gifted Wish's' initials authorizing publicity: _____



Wish Recipient, Participants and/or the person(s) requesting the Gifted Wish acknowledge reading and understanding this Release and Authorization. Wish Recipient, Participants or the person(s) requesting the Gifted Wish agree that this Release and Authorization fully and accurately expresses their understanding and has not been modified orally or in writing.

Date

Wish Recipient

OR

Date

Person(s) Making Gifted Wish Request