



The Sisters Wish Application

Name of Wish Applicant:

Age:

Email Address:

Mailing Address:

Phone Number :

What is your diagnosis and at what age were you diagnosed?

How would you describe yourself?

What have you learned about yourself since being diagnosed?

How would you describe your Best day?

What are some "Wish" ideas that you have?

Have you ever received a wish/gift from another organization? If yes, when and what was the gift?

How did you learn about The Sisters Wish organization?



Would you be willing to have your photograph appear on The Sisters Wish website & social media sites?

The Sisters Wish requires a letter from your treating physician/social worker that states your diagnosis and prognosis before your wish can be granted. The Sisters Wish organization respects the privacy of the young adults it serves. All medical information is considered confidential and is not discussed with outside parties unless it is required for the wish and the young adult has given their consent. If you are willing to give your consent please sign below.

Signature **Date**

Please email your application and physician/social worker letter and release to amyturgeon@yahoo.com or mail to:

The Sisters Wish
c/o Amy Sevigny
10 Sabrina Lane
Springvale, ME 04083



AGREEMENT AND WAIVER

I, for myself and anyone entitled to act on my behalf, waive and release The Sisters' Wish, and its representatives, directors, officers, employees, and sponsors from any and all claims or liabilities of any kind arising out of my acceptance of a wish from The Sisters' Wish.

I understand and agree that, in consideration of accepting a wish from The Sisters' Wish, I and my heirs, personal representatives or assigns do hereby release, waive, discharge and covenant not to sue The Sisters' Wish for any and all liability from any and all claims arising from my participation in or acceptance of the wish. A Sisters' Wish shall not be liable for any direct, indirect, incidental, special or consequential damages, resulting from the use or inability to use the wish.

I agree to indemnify and hold The Sisters' Wish harmless from and against any and all damages, costs, claims, or demands, including reasonable attorneys' fees, made by any third party due to or arising from or relating to my acceptance of a wish for the violation of any term of this Agreement and Waiver.

I grant permission to The Sisters' Wish to use any photographs, motion pictures, recordings, or any other record of my acceptance or participation in the wish.

I agree that this Agreement and Waiver is intended to be as broad and inclusive as is permitted by the law of the State of Maine and that if any provision of this Agreement and Waiver shall be found to be unlawful, void, or for any reason unenforceable, then that provision shall be deemed severable from this Agreement and Waiver and shall not affect the validity and enforceability of any remaining provisions.

I agree that this Agreement shall be controlled by the laws of the State of Maine.

BY INDICATING MY ACCEPTANCE OF THIS AGREEMENT AND WAIVER, I HEREBY AFFIRM THAT I HAVE READ AND UNDERSTAND THIS AGREEMENT AND WAIVER AND FULLY UNDERSTAND ITS TERMS. I UNDERSTAND THAT I AM GIVING UP SUBSTANTIAL RIGHTS, INCLUDING THE RIGHT TO SUE. I ACKNOWLEDGE THAT I AM SIGNING THE AGREEMENT AND WAIVER FREELY AND VOLUNTARILY AND INTEND BY MY ACCEPTANCE TO BE A COMPLETE AND UNCONDITIONAL RELEASE OF ALL LIABILITY TO THE GREATEST EXTENT ALLOWED BY LAW.

INTENDING TO BE LEGALLY BOUND, I have hereby signed this *Agreement and Waiver* on _____.

Signature

Printed Name Signed Above