



Recipient Application

Date of Application:

| Applicant Information | | |
|--|----------------------------|--------------|
| Applicant Name: | SSN# | Insurance: |
| Street: | | Apt# |
| City: | State: | Zip: |
| Person submitting application information | | |
| Name of Person Applying: | Relationship to Applicant: | |
| Street (if different from applicant): | | Apt# |
| City: | State: | Zip: |
| Home/Cell Number: | Email: | |
| Names of Family Members Attending | Age/Actual Birth Date | Relationship |
| 1. | | APPLICANT |
| 2. | | |
| 3. | | |
| 4. | | |
| Who is the Head of the Household? | | |
| Who else provides financial support to the family? | | |
| How did you hear about Project Angel Fares? | | |
| Tell us about the special needs diagnosis of this person: | | |
| | | |
| | | |
| | | |
| | | |
| Tell us why we should select this applicant for this trip: | | |
| | | |
| | | |
| | | |
| | | |

How does this person inspire others?

Required Items:

- Copy of current tax return for the head of household and/or person's providing financial support.
- Provide a recent photo of the applicant (and family, if possible). We request approval to use the photo should applicant be selected.
- Signed Release of Liability
- Please initial or sign your approval: _____

Medical Information Required: Use a separate piece of paper if necessary.

1. What medical devices must the applicant have with them at all times. Taking into account flight time (duration), airline seating (chest harness), oxygen, etc. Please list all devices.

2. Will the applicant require liquid medicines/food while travelling which are over 3 ounces in weight? Please provide details.

3. Will the applicant require a Handicap Accessible Room and/or vehicle?

4. Will the applicant require a refrigerator for medications/food in the room?

5. Are there any special sleeping requirements that the applicant needs? Please provide details.

6. Is there anything else we should know about the applicant or family members who would be accompanying them?

Check List:

| | |
|--|--|
| | Income Tax Return(s) Attached |
| | Photo (s) Attached |
| | Signed Release of Liability |
| | Copy of Driver's License for those adults operating the rental vehicle |
| | Copy of Insurance Card if you will require an Accessible Van (full coverage comp/collision required) |

Please email, fax or mail the required information to:

Project Angel Fares

email: info@projectangelfares.com, Attn: Sharon

fax: 210-599-3102

mail: 10731 I35 No, San Antonio, TX 78233

PAF Website: www.projectangelfares.com

Morgan's Wonderland Website: www.morganswonderland.com

RELEASE OF LIABILITY AND ASSUMPTION OF RISK

The individual named below (referred to as "I" or "me"), on behalf of myself and my child(ren), desires to participate in an all travel expenses paid trip to Morgan's Wonderland (the "Activity"), including, without limitation, all travel to, from and within the city of San Antonio, Texas, and participation in all events and attractions sponsored by Project Angel Fares, a non-profit organization (the "Company"). As lawful consideration for the intangible value that my family will gain by participating in the Activity, I agree to all the terms and conditions set forth in this agreement (this "Agreement").

I AM AWARE AND UNDERSTAND THAT THERE ARE RISKS ASSOCIATED WITH THE ACTIVITY, INCLUDING, BUT NOT LIMITED TO, THE POSSIBILITY OF INJURY AND/OR DEATH AND/OR PROPERTY DAMAGE. I ACKNOWLEDGE THAT MY FAMILY IS VOLUNTARILY PARTICIPATING IN THE ACTIVITY WITH KNOWLEDGE OF THE RISKS INVOLVED AND I HEREBY AGREE TO ACCEPT AND ASSUME ANY AND ALL RISKS OF INJURY, DEATH, OR PROPERTY DAMAGE, WHETHER CAUSED BY THE ACTIONS, INACTIONS OR NEGLIGENCE OF THE COMPANY, A THIRD PARTY OR OTHERWISE.

I hereby expressly waive and release any and all claims, now known or hereafter known in any jurisdiction throughout the world, against the Company, and its officers, directors, employees, agents, affiliates, owners, successors, and assigns (collectively, "Releasees"), on account of injury, death, or property damage arising out of or attributable to my participation and the participation of my child(ren) in the Activity, whether arising out of the negligence of the Company or any Releasees or otherwise. I, on behalf of myself and my children, covenant not to make or bring any such claim against the Company or any other Releasee, and forever release and discharge the Company and all other Releasees from liability under such claims.

I shall defend, indemnify, and hold harmless the Company and all other Releasees against any and all losses, damages, liabilities, deficiencies, claims, actions, judgments, settlements, interest, awards, penalties, fines, costs, or expenses of whatever kind, including reasonable attorney fees, fees and the costs of enforcing any right to indemnification under this Agreement, and the cost of pursuing any insurance providers, incurred by indemnified party, arising out or resulting from any claim of a third party related to the Activity.

This Agreement constitutes the sole and entire agreement of the Company and me with respect to the subject matter contained herein and supersedes all prior and contemporaneous understandings, agreements, representations, and warranties, both written and oral, with respect to such subject matter. If any term or provision of this Agreement is invalid, illegal, or unenforceable in any jurisdiction, such invalidity, illegality, or unenforceability shall not affect any other term or provision of this Agreement or invalidate or render unenforceable such term or provision in any other jurisdiction. This Agreement is binding on and shall inure to the benefit of the Company and me and their respective successors and assigns. All matters arising out of or relating to this Agreement shall be governed by and construed in accordance with the internal laws of the State of Texas without giving effect to any choice or conflict of law provision or rule (whether of the State of Texas or any other jurisdiction). Any claim or cause of action arising under this Agreement may be brought only in the federal and state courts located in Bexar County, Texas and I hereby consent to the exclusive jurisdiction of such courts.

BY SIGNING, I ACKNOWLEDGE THAT I HAVE READ AND UNDERSTOOD ALL OF THE TERMS OF THIS RELEASE OF LIABILITY AND ASSUMPTION OF RISK AGREEMENT AND THAT I AM VOLUNTARILY GIVING UP SUBSTANTIAL LEGAL RIGHTS ON BEHALF OF MYSELF AND MY CHILDREN, INCLUDING THE RIGHT TO SUE THE COMPANY. I further confirm that I am the parent or legal guardian of the minor child(ren) named below. I have the legal right to consent to and, by signing below, I hereby do consent to the terms and conditions of this Release of Liability on his/her/their behalf.

Child(ren):

Parent/Legal Guardian of Child(ren) Signature

Printed Name:

Address:

Date: _____

Parent/Legal Guardian of Child(ren) Signature

Printed Name:

Address:

Date: _____