

WISH INFORMATION, GUIDELINES & POLICIES

ELIGIBILITY REQUIREMENTS: WE ONLY ACCEPT SPORTS & CELEBRITY ATHLETE WISH REQUESTS

1. The Nominee must be between the ages of 5 - 25 at the time of submission and a resident of the United States
2. The Nominee must be diagnosed with a physical challenge by a physician
3. The Nominee must be 18 to nominate themselves
4. Intellectual Disabilities and certain disorders do not fall within our criteria of what we accept as physically challenged (*See List Below*)
5. Wish requests must directly benefit and enrich the life of the physically challenged Nominee
6. Wish Applications may only contain one wish request for the Nominee
7. The Requester must specify the exact sports wish for the Nominee; our organization does not choose the wish
8. The required Medical Authorization Form & Photo must be received before qualified wish requests will be considered
9. The Nominee may not have received a wish by another wish granting organization at any time
10. The Nominee or family of the nominee, may not have had a prior wish request submitted to our organization, whether granted or not

DISABILITIES & DISORDERS THAT DO NOT FALL WITHIN OUR CRITERIA INCLUDE:

- | | |
|--|---|
| 1. Autism and Autism Spectrum Disorder | 7. Psychological Disorders |
| 2. Asperger Syndrome | 8. Learning Disabilities or Behavioral Issues |
| 3. Diabetes | 9. ADHD/ADD |
| 4. Asthma | 10. Anxiety Disorders |
| 5. Bipolar Disorder | 11. Eating Disorders |
| 6. Depression Disorders | 12. Alcohol & Substance Abuse/Dependence |

Please Note: *This list is an example and in no way indicative of every potential intellectual disability or disorder. Any applications that are submitted that fall into these types of categories will be evaluated for eligibility.*

EXPLANATION AND EXAMPLES OF SPORTS AND CELEBRITY ATHLETE WISHES:

1. Granted Wish considers wish requests for sports of all genres, at the professional and collegiate levels
2. Sports genres include Football, Basketball, Nascar, Baseball, Golf, Hockey, etc.
3. Possibility to attend a game or event of your favorite sports team
4. Possibility to meet your celebrity athlete hero

WISH GRANTING PROCESS & COMPLIANCE:

1. WISH APPLICATION REVIEW:

- a) All wish applications are reviewed for eligibility and compliance.
- b) If the nominee and/or sports wish request does not meet our eligibility and criteria guidelines, you will receive a response within a few business days stating that we are unable to consider your request.
- c) The required Medical Authorization Form must be completed by the treating physician. That form and the Nominee's Photo must be received within two weeks of the application submission in order for your wish to be considered. If more time is needed, you must contact us to request an extension, otherwise your wish will be closed.

2. WISH GRANTING PROCESS FOR THOSE BEING CONSIDERED:

- a) While every effort will be made to grant the considered wishes, the wish is ultimately dependent on the compliance, availability and arrangements with the sports entities. These requests are at the mercy of each entity and/or their management team, including whether or not they respond to our requests.
- b) While we always consider the entire wish requested, we may not always be able to accommodate every aspect of the wish. (*i.e. transportation*)
- c) You will be kept informed of the status of the wish. The process can take up to a few months depending on the compliance of the sports entity and/or management team.
- d) Only immediate family members of the nominee are eligible for consideration to accompany them if the wish involves attending an event or travel.

3. WISHES THAT ARE UNABLE TO BE GRANTED:

- a) If your wish is being considered but we are unable to grant it, we are not able to consider a second request due to the numerous applications we receive.

REQUIRED MEDICAL AUTHORIZATION FORM & NOMINEE'S PHOTO:

1. Medical Authorization Form: (Included In This Packet)

- a) The Medical Authorization Form **must be completed by the Nominee's Treating Physician**

2. A Photo Of The Nominee:

- a) It is preferred that a color photo is sent via email. If using postal mail, please send a color, clear photo.
- b) You are welcome to send more than one photo

HOW TO SUBMIT REQUIRED MEDICAL AUTHORIZATION FORM AND NOMINEE'S PHOTO:

- 1) Email: wishes@grantedwish.org (Scan the Form must be in a .PDF - Format; Photo in a .JPG Format)
- 2) Postal Mail: The Granted Wish Foundation – c/o 604 35th St. NW Canton, OH 44709

WISH APPLICATION

DATE: _____

NOMINEE'S NAME: _____ **PHONE:** _____

NOMINEE'S ADDRESS: _____

CITY: _____ **STATE:** _____ **ZIP:** _____

YOUR NAME: _____ **PHONE:** _____

RELATIONSHIP TO THE NOMINEE: _____

YOUR ADDRESS: _____

CITY: _____ **STATE:** _____ **ZIP:** _____

EMAIL: _____

1. **NOMINEE'S AGE:** _____ **NOMINEE'S DATE OF BIRTH:** _____

2. **WHAT IS THE PHYSICAL CHALLENGE OF THE NOMINEE?**

3. **DOES THE PHYSICAL CHALLENGE REQUIRE THE NOMINEE TO USE A WHEELCHAIR?**

Yes No

4. **WHAT IS THE SPORTS WISH YOU ARE REQUESTING FOR THE NOMINEE? *(One Wish Permitted)***

4. HOW DOES THIS PHYSICAL CHALLENGE AFFECT THE NOMINEE'S DAILY LIVING?

5. HOW WILL THIS WISH BENEFIT AND ENRICH THE LIFE OF THE NOMINEE?

6. IF YOUR WISH REQUEST INVOLVES TRAVEL OUTSIDE YOUR CITY AND SURROUNDING AREAS, CAN YOU PROVIDE YOUR OWN TRANSPORTATION?

Yes No

7. IF AN OVERNIGHT STAY IS INVOLVED, CAN YOU PROVIDE YOUR OWN ACCOMMODATIONS?

Yes No Not Applicable

**8. WHO ARE YOU REQUESTING BE CONSIDERED TO TRAVEL OR ATTEND AN EVENT WITH THE NOMINEE?
(ONLY IMMEDIATE FAMILY MEMBERS OF THE NOMINEE ARE ELIGIBLE FOR CONSIDERATION)
(List Names, Age & Relationship to Nominee)**

9. HAS THE NOMINEE EVER RECEIVED A WISH FROM ANOTHER ORGANIZATION?

Yes No

10. IF YES, WHICH ORGANIZATION AND WHEN? WHAT WAS THE WISH RECEIVED?

11. HAS ANYONE EVER SUBMITTED A WISH APPLICATION TO GRANTED WISH FOR THIS NOMINEE PRIOR TO TODAY?

Yes No Don't Know

AUTHORIZATION COMPLIANCE SECTION

REQUIRED MEDICAL AUTHORIZATION FORM & NOMINEE'S PHOTO

I understand that the Medical Authorization Form must be completed by the nominee's physician. I understand the Medical Authorization Form and Nominee's Photo are due within two weeks of submitting my application and I have read the instructions on "How To Submit My Medical Authorization Form and Nominee's Photo."

NOTIFICATION & GUIDELINES COMPLIANCE

I agree to notify the Granted Wish Office if I cannot submit my Medical Authorization Form and Nominee's Photo within two (2) weeks of the wish submission. I understand that if I do not comply with these guidelines or any other guidelines and requirements as set forth by The Granted Wish Foundation, my Wish Application will be closed and not considered further.

LICENSE TO USE PERSONAL INFORMATION AND IMAGE

I give and grant permission to The Granted Wish Foundation and its divisions, licensees, successors, assigns, affiliates and all persons or corporations acting with its permission or up its authority, permission and the right to use and/or publish the recipient's name, photograph and testimonial statements in all media and types of advertising for the promotion and fundraising ventures, publications and services of the Foundation and the Licensed Parties. Licensed Parties shall also include any other charitable or non-profit organization which contributed to granting the wish for the recipient.

GENERAL RELEASE AND WAIVER OF LIABILITY (If the wish is able to be granted)

I hereby release discharge and covenant not to sue The Granted Wish Foundation, its respective administrators, directors, agents, officers, board members, volunteers, and employees, other participants, Licensed parties and the Owner(s) and/or lessor(s) of any premises where the Wish Fulfillment Activity ("Activity") takes place from all liability, claims, demands, losses and/or damages caused or alleged to be caused, in whole or in part, by any Activity or benefit received, including but not limited to: damage or injury caused by the use or possession of donated goods, damage or loss involved in payment of personal debts or liabilities, or damage or injury resulting from performance of donated service or participation of any donated Activity.

YOUR AUTHORIZATION SIGNATURE

***You Only Need To Return Application Pages 1, 2 & 3
The Information, Guidelines & Policy Pages are for your reference***