



ELLE FOUNDATION INC.

www.ElleFoundation.org

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Bridgewater, NJ 08807-8068

908-393-5529

LIABILITY, PUBLICITY, WISH STATEMENT AND PHOTO RELEASE

Wish Child: _____

I/we _____ Parent(s)/Guardian(s)

of _____ and _____
Wish Child **Accompanying Minor Brother(s) and Sister(s)**

And/or _____
Accompanying Adult(s) 18 Years or Older

hereby expressly acknowledge that I/we have requested that I/we be allowed to participate in a wish being granted to the above named Wish Child by the ELLE FOUNDATION INC, a nonprofit organization.

In the event that the wish applicant's wish is approved, the undersigned releasor, as parent and/or guardian of the wish applicant and on behalf of the family members and all persons participating in the granting of this special wish, and in consideration thereof, understands and agrees that **The ELLE FOUNDATION Inc.**, its agents, assigns and employees are not responsible for any claims, judgments, causes of actions or damages arising out of or relating to the receipt, use, or enjoyment of a special wish. The undersigned, individually and on behalf of the participating members, hereby holds **The ELLE FOUNDATION Inc.**, its agents, assigns and employees harmless from any such claims and agrees to indemnify same in the event of any claim, judgment, or action. This agreement shall apply to all claims, which are made in the future by any third party as a result of the use and enjoyment of a special wish.

I. Release from Liability

By my/our signature(s) set forth below, and in consideration of the ELLE FOUNDATION INC granting said wish, I/we hereby release the ELLE FOUNDATION INC, its agents, officers, directors, contractors, servants, employees, parents, subsidiaries, members and affiliates and their successors, heirs, assigns and representatives from any and all claims, losses, liabilities, damages and causes of action whatsoever, including those arising from the acts or omissions of the ELLE FOUNDATION INC and otherwise, in connection with the preparation, execution and fulfillment of said wish, on behalf of ourselves, the above-named Wish Child and all other participants listed above. The scope of this release shall include, without limitation, damages, liabilities, losses or injuries arising in connection with transportation, food, lodging, medical concerns (physical and emotional), entertainment, photographs and physical injury of any kind.

I/we further agree to hold harmless and to release the ELLE FOUNDATION INC, their successors, heirs, assigns and representatives from and against any and all claims, losses, liabilities, damages and causes of action of every kind, including those arising from the acts or omissions of the ELLE FOUNDATION INC and otherwise, for any and all physical or emotional injuries and/or damages which may happen to me/us, or damage to or theft of our personal belongings, jewelry or other personal property which may occur while on the wish.

Termination of a Wish: I/we acknowledge that the ELLE Foundation Inc. reserves the right, in its sole and absolute discretion, to terminate preparation or fulfillment of a wish at any time.

Termination can be a result of, but is not limited to, the ELLE Foundation determining that, (a) fulfillment of the wish will endanger the health and safety of the wish recipient or of others, (b) the wish recipient is or will be incapable of appreciating or utilizing the goods, services, or activities related to the wish, (c) events or circumstances render it impractical, imprudent, or inadvisable to fulfill or continue to fulfill the wish or (d) the wish recipient and any participants have breached representation and requirements.

**** II. Medical Authorization**

With respect to the physical and emotional effects of granting the wish of the above-named Wish Child, I/we hereby acknowledge that I/we will consult with and obtain the written authorization of the Wish Child’s treating physician. **This physician must be the primary physician responsible for the treatment of the diagnosis under which this wish is being granted.** I/we confirm that we will follow the advice of said physician in connection therewith.

PHYSICIAN’S NAME

PHYSICIAN’S PHONE NUMBER

HOSPITAL and/or PLACE OF TREATMENT

PHYSICIAN’S SIGNATURE

DATE

SOCIAL WORKER OR CONTACT AT DOCTOR’S OFFICE

PHONE NUMBER

CONTACT’S E-MAIL ADDRESS

I/we agree to grant permission to the ELLE FOUNDATION INC to obtain such medical information concerning the above-named Wish Child as the ELLE FOUNDATION INC shall deem necessary in the consideration of granting the wish from whatever source or sources as the ELLE FOUNDATION INC shall determine, at its sole discretion. I/we further agree to execute all authorizations necessary for the appropriate members of the ELLE FOUNDATION INC to obtain the aforementioned information.

**** III. Medical Liability**

I/we agree that the ELLE Foundation Inc. is not responsible for any medical expenses that may be incurred during the wish. If hospitalization should be required during the wish the I/we accept responsibility for all expenses including but not limited to ambulance transfers, hospital stays, medical expenses, meals, lodging beyond the wish dates and location and medical transfers back to the wish child's home.

I/we agree that in case of emergencies wherein the Wish Child becomes ill or passes away during his/her wish and must be hospitalized or flown home, whether via commercial airline, private or air ambulance, I/we assume all legal and monetary responsibilities.

I/we have neither been promised anything by any member of the ELLE FOUNDATION INC, nor has any person associated with the foregoing individuals or entities given any advice or counsel with respect to the advisability and risk associated with said wish. In that regard I/we are relying solely upon the advice and information supplied to me/us by Physician. The ELLE FOUNDATION INC is acting and has acted solely at my/our request and in accordance with and pursuant to my/our instructions. I/we acknowledge, understand and agree that I am/we are executing this release both individually and on behalf of my/our child(ren) in my/our capacity(ies) as parent(s)/guardian(s) of my/our child(ren) as named herein; and that this release shall be binding on me/us, our successors, heirs, assigns and representatives, and the successors, heirs, assigns and representatives of my/our child(ren).

I/we hereby agree, represent and warrant that I/we have read the foregoing release and have executed it freely and voluntarily.

Parent/Guardian Signature	Date	Witness Signature	Date
Parent/Guardian Signature	Date	Witness Signature	Date
Parent/Guardian Signature	Date	Witness Signature	Date
Accompanying Adult over 18	Date	Witness Signature	Date
Accompanying Adult over 18	Date	Witness Signature	Date

*** These sections are applicable only to parent(s)/guardian(s) of the Wish Child.
Witness cannot be a relative/guardian or wish participant.*

Permission to Photograph & Use of Photographs

The undersigned, aware that videos and photographs may be taken during fulfillment of a wish by the parents or by representatives of The ELLE FOUNDATION or by news stations and press, hosting hotels/GKTW individually and on behalf of the family members listed below, consents to be photographed and filmed without compensation.

By my/our signature(s) set forth below, I/we release the ELLE FOUNDATION INC, their successors, heirs, assigns and representatives from any claim for invasion of privacy or use of my/our likeness(es), and authorize the ELLE FOUNDATION INC to photograph, film, videotape and/or electronically record interviews with me/us, Wish Child, or both, our appearance(s), photograph(s), voice(s), physical likeness(es) and name(s) in such manner as they choose.

I/we further authorize the ELLE FOUNDATION INC and all other persons or entities participating in taking said photographs, films, videotapes and/or electronically recorded interviews to distribute now or at any time in the future, any or all of said photographs, films, videotapes and/or electronically recorded interviews to anyone including the general public, magazines, newspapers, television and radio stations, and/or any other organization or person that customarily presents information or news to the general public. I/we further authorize the ELLE FOUNDATION INC Team to disclose to the general public, as well as to television and radio stations, newspapers or magazines, or any other form of news or public media, now or at any time in the future, my/our name(s) and the details of the wish in which I am/we are participating. No compensation or remuneration shall be paid to me/us for such uses as described in this paragraph. The ELLE FOUNDATION INC shall own in perpetuity all property and copy rights in all recordings, photographs, film and videotape hereinabove described. For the purpose of the foregoing paragraph, recordings, photographs, film and videotape shall include, without limitation, digital formats of the aforementioned media.

A current photo must be submitted and all photographs will/may be used for news articles, donor campaigns, annual reports and on the website and Facebook pages of The ELLE FOUNDATION Inc.

Releasor's Signature: _____

Print Name: _____

Relationship to Wish Applicant: _____

Address: _____

Sworn to before me this _____ day of _____, 20 _____

WITNESS' PRINTED NAME: _____

WITNESS' SIGNATURE: _____

PHOTO, VIDEO AND WISH STATEMENT AGREEMENT

WITH THE WISH APPLICATION:

A WISH APPLICATION WILL NOT BE REVIEWED IF A CURRENT PICTURE IS NOT SUBMITTED.

1. A CURRENT PICTURE OF THE WISH CHILD MUST EMAILED IN **JPEG.FORMAT** TO:

Laurie Richmond: larichmond@ellefoundation.org
Include the wish applicants name in the subject line of the email.

As part of the wish agreement I/we the undersigned agree to provide the ELLE FOUNDATION INC. with a video and photos taken during the wish period and a thank you statement.

Failure to provide the thank you statement, video & photos may result in the ELLE Foundation Inc. seeking reimbursement for the wish.

THANK YOU STATEMENT:

1. This statement/note should be in the wish child's own words.
2. It should include how/why **ELLE** granting this wish was important to him/her.
3. It should include the wish child's favorite part/memory of the wish.

PHOTOS & VIDEOS:

1. A short video will be provided of the wish child/wish family saying
 “Thank you ELLE for making my/wish child's name wish come true.”
2. Photos will be taken with the **ELLE** Thank You Sign & ELLE Tee Shirts when provided
3. Photos taken of the wish child participating in an activity during the wish.
4. All photos must be **CLEAR** and sent in original jpeg format

Thank You Statement & all Photos and Videos will be provided to the ELLE Foundation within 1 WEEK OF COMPLETION OF THE WISH.