

**NON-WISH ACTIVITY LIABILITY RELEASE
MAKE-A-WISH FOUNDATION® OF PHILADELPHIA, NORTHERN DELAWARE &
SUSQUEHANNA VALLEY**

The undersigned parent/guardian(s) of

Wish Child's Name _____

Address _____

City, State, Zip _____

Home Phone # _____

Cell Phone # _____

hereby give permission for said child, named above, to attend and/or participate in a Non-Wish related activity as follows:

**27th ANNUAL MOTHER'S DAY CONVOY
SUNDAY, MAY 08, 2016
Burle Industries, Lancaster County, Lancaster, PA**

and authorize(s) the Make-A-Wish Foundation® of Philadelphia, Northern Delaware & Susquehanna Valley (MAWFPNDSV) in the event of an emergency, to obtain medical treatment for the above named child in the event that the undersigned cannot be contacted. In that connection, the undersigned hereby release(s) and hold(s) harmless the Make-A-Wish Foundation® of America (MAWFA), MAWFPNDSV, their agents, employees, officers and directors from and against any and all liability, damages and claims of any kind, known or unknown, which may result from or arise out of participation by the undersigned and/or above named child in this Non-Wish activity. This includes but is not limited to accidental injury or death arising out of transportation to or from the event, food, entertainment and medical conditions or treatment of any kind. This agreement also holds harmless the owner(s) of the activity site, their agents, employees, heirs, officers and directors from the MAWFPNDSV above named non-wish activity location.

The undersigned acknowledges reading and understanding the Liability waiver prior to signature(s) or participating in the non-wish activity. The signature(s) of the undersigned is/are binding upon both the undersigned, the child, as well as anyone else, such as relatives or others who could otherwise seek recovery because of such injury or death (i.e. their respective successors, heirs, assignees and personal representatives.) It is also herein stated and required that the names of all family members participating in this non-wish activity be inserted on the reverse side of this document and that, in all cases, MAWFPNDSV, MAWFA, their employees, agents officers, directors, heirs and successors be held harmless in all instances for each individual listed as participant in this non-wish related activity.

(Parent/Guardian Signature)

(Parent/Guardian Signature)

(Print Name)

(Print Name)

Date _____

**ALL WISH CHILD REGISTRATION INFORMATION MUST BE RECEIVED BY APRIL 8, 2016
WITH NO EXCEPTIONS**

DID THE WISH CHILD ATTEND THE CONVOY IN 2015? Yes No
IS THE WISH CHILD IN A WHEEL CHAIR? Yes No
IS THE WISH CHILD INTERESTED IN RIDING IN A TRUCK? Yes No

SPECIFIC DRIVER'S NAME/COMPANY : _____

(If you have a specific driver, you must list their name or company so we can correctly match you).

****Wish Child and ONLY (1) other person will be permitted to ride in a truck.**

Address of parent or guardian *if different than that of the wish child:*

Name: _____

Address _____

City, State, Zip _____

Home Phone # _____

Cell Phone # _____

Relationship to wish child _____

Please list all family members (*IMMEDIATE FAMILY MEMBERS ONLY (parents/guardians and siblings)) attending the non-wish activity with the wish child.

Name: _____ Relationship to child: _____ Age: _____

Name: _____ Relationship to child: _____ Age: _____

Name: _____ Relationship to child: _____ Age: _____

Name: _____ Relationship to child: _____ Age: _____

Name: _____ Relationship to child: _____ Age: _____

PLEASE RETURN THE COMPLETED FORM TO:

Make-A-Wish
1054 New Holland Ave.
Lancaster PA 17601

or email a signed & scanned copy to convoy@philadelphia.wish.org
or Fax to (717) 260-3886

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