

## Dream Request Form

Patient Name: \_\_\_\_\_

Patient Representative Name: \_\_\_\_\_

Relationship to Patient (Nurse, Spouse, Relative): \_\_\_\_\_

Email Address (**required**): \_\_\_\_\_

Phone Number (**required**): \_\_\_\_\_

Preferred Contact Method (**required**):

**Phone** (Call)  **Phone** (Text)  **Email**  **Other** (please specify): \_\_\_\_\_

Patient Consents to Photos/Video (more information on **photo release form**):

**Yes**  **No**

**My Dream is to....**

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**DreamCatchers Foundation**

**RELEASE AND WAIVER OF LIABILITY AGREEMENT**

I, \_\_\_\_\_ (“Participant”), acknowledge that I am voluntarily participating in the following activity: \_\_\_\_\_

**I AM AWARE THAT THIS ACTIVITY MAY BE HAZARDOUS, PARTICULARLY IN LIGHT OF MY MEDICAL CONDITION. I MAY BE SERIOUSLY INJURED OR EVEN KILLED. I AM VOLUNTARILY PARTICIPATING IN THIS ACTIVITY WITH KNOWLEDGE OF THE DANGER INVOLVED AND AGREE TO ASSUME ANY AND ALL RISKS OF BODILY INJURY, DEATH OR PROPERTY DAMAGE, WHETHER THOSE RISKS ARE KNOWN OR UNKNOWN.**

**I verify this statement by placing my initials here:\_\_\_\_\_**

I forever release DreamCatchers and its respective directors, officers, employees, volunteers, agents, and representatives from any and all actions, claims, or demands that I, my next of kin, spouse or legal representative now have, or may have in the future for any injury, death, or property damage related to my participation in this activity. This includes any negligent acts of others in connection with this activity. I also agree that I will not make a claim, sue or attach the property of anyone connected with DreamCatchers and those connected by the fulfillment of this activity.

I further agree that Dreamcatchers may take pictures and/or videos of the activity and I hereby allow the posting of same on the DreamCatcher website and distribution in any other public media outlet, as determined at the sole discretion of Dreamcatchers.

**I HAVE CAREFULLY READ THIS AGREEMENT AND FULLY UNDERSTAND ITS CONTENTS. I AM AWARE THAT THIS IS A RELEASE OF LIABILITY AND A CONTRACT BETWEEN MYSELF AND DREAMCATCHERS, AND SIGN IT OF MY OWN FREE WILL.**

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date