

The Visual Bucket List Foundation

Application Form

The Visual Bucket List Foundation makes wishes come true for children and teenagers (up to the age of 18) who either have a severe visual impairment or will lose most or all their vision in the future due to a condition or illness.

To apply for a wish please complete the below form. Children may fill out the form themselves, however the parent or legal guardian to confirm your consent.

All applicants will receive a phone call from The Visual Bucket List Foundation once we've received your form.

Once your completed application is approved and funds are available, we'll begin our work on your child(s) visual bucket list to attempt to cross off one of their top choices and create a visual memory that we hope will last a lifetime.

We look forward to working with you to make a visual wish come true. If you have any questions about applying for a wish, please fill in this online enquiry



Medical Condition

Child's condition _____

Date Diagnosed _____

Is your child aware of their medical condition? Yes No

Can your child communicate verbally? Yes No

What is the child's current visual status? _____

Treating Medical Specialist

Name (Last, first, middle initial) _____

Title _____

Street address, City, ST, ZIP Code _____

Primary Hospital/medical Center _____

Office phone number | Cell phone number _____

Email address _____

Website _____

Nature of Request (Please describe nature of action requested in detail)

Recipient Information

Name (Last, first, middle initial)

Date

Street address, City, ST, ZIP Code

Date of Birth

Primary phone number | Cell phone number

Email address

Applicant Information (Parent or Guardian)

Name (Last, first, middle initial)

Relationship to Child

Street address, City, ST, ZIP Code

Date of Birth

Primary phone number | Cell phone number

Email address

All other individuals Residing with Child

Name (Last, first, middle initial)

Relationship to Child

Date of Birth

Name (Last, first, middle initial)

Relationship to Child

Date of Birth

Name (Last, first, middle initial)

Relationship to Child

Date of Birth

Name (Last, first, middle initial)

Relationship to Child

Date of Birth

Please attach any additional documentation you believe may assist us in processing your application. The Visual Bucket List Foundation may request medical proof as it deems appropriate.

For Administrative Use Only:

Date Received Application

Action Taken

Privacy Officer Signature

Date

By signing below, I agree to the information provided is true and accurate. I also agree to the following:

No promises have been made to me by The Visual Bucket List Foundation, regarding the requested wish;

All requests are subject to approval by The Visual Bucket List Foundation, and must meet all existing conditions and restrictions;

All information required regarding the health of the child in this application may be released by the medical specialist to The Visual Bucket List Foundation and The Visual Bucket List Foundation may produce a copy of this application to the medical specialist as evidence of that authority;

I will not enter into any discussions or negotiations with third parties or suppliers in relation to the wish, unless I have written permission from The Visual Bucket List Foundation;

I have read and understood the Privacy Statement outlined in this brochure and I consent to the collection, use and disclosure of personal information in line with the Privacy Statement;

Where I have provided information about another individual, I declare that the individual has been made aware of that fact and of the contents of the Privacy Statement;

I acknowledge that a visit from The Visual Bucket List Foundation Volunteers must take place to discuss my child's wish within 12 months of wish application approval;

I acknowledge that children must be under the age of 18 at the time of application, however the actual wish may take place up until they turn 21.

It is understood that any use of my name, likeness, voice and/or video recording depicting my likeness by the Visual Bucket List Foundation will solely be used and/or portrayed in a tasteful and respectful manner, appropriate to furthering the mission of The Visual Bucket List Foundation.

For valuable consideration, the receipt and sufficiency of which are hereby acknowledged, I, the undersigned, hereby irrevocably release any and all rights I have, whether statutory, or at common law, and consent to the use by The Visual Bucket List Foundation (hereinafter, "VBLF"), and its agents or representatives including, but not limited to, its licensees, producers or publishers, and its successors and assigns, of my name, likeness, comments made by me, or any minor family member listed on the application, in any interview and any audio and/or video recordings and/or photographs of me which may be taken during the course of any VBLF program(s) for any and all purposes including, but not limited to, promotion, editorial, advertising, educational, motion pictures, television, trade, and commercial use, without limitation and without further compensation to me. I hereby waive any right to inspect or approve the final audio and/or video recording(s), photographs, advertising copy and/or printed matter that may be used in conjunction herewith, or to any eventual use to which it may be applied.

This agreement constitutes the sole, complete, and exclusive agreement between the VBLF and myself and those listed above on the application who. I am not relying on any other representations, whether oral or written, in executing this Release and Consent Agreement.

Agreed to and signed this ____ day of _____, _____ by:

Participant's Signature	Street Address	City, State, Zip
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I, _____ am the parent or legal guardian of the above-named minor and I endorse the above statement in his/her behalf on this ____ day of _____, _____.

Parent or Guardian	Street Address	City, State, Zip
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Parent(s) or Guardian(s)	Street Address	City, State, Zip
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