

The Angels Anonymous Connection

Dear Dream Applicant,

All of us at *The Angels Anonymous Connection* are proud to offer you hope during a difficult time. We believe everyone deserves to realize one final wish, and by working together we can make your dream come true.

We are a small organization based in Edmonton, Alberta, and we are committed to supporting people nationwide. *The Angels Anonymous Connection* grants dream requests by asking for donations from businesses and individuals across the country on a dream-by-dream basis. Once your request is approved we will ask for help from you, your family, and your community in collecting airline miles and providing us with helpful information on gathering the resources needed to make your dream a reality. It helps us when we are able to use your story and photo in local newspaper stories to raise awareness and the need for miles.

Although your assistance will be needed, we have many resources in place that we can extend to you. ***Please know that regardless of how much you are able to assist with your own dreams, we will try our very best to make your dream come true!***

Our small organization receives calls from all across the country, and we use our best efforts to address the dream requests as quickly as possible. By working together, with people helping people, we can continue to make miracles.

With love from,

All of us at *The Angels Anonymous Connection*

#177, 8015 Roper Road NW. Edmonton, AB. T6E 6S4 Ph: 780-468-5506

Fax: 780-463-3895 Toll Free: 1-855-468-5506

Email: info@angelsanonymous.org

Web Site: www.angelsanonymous.org

How to request a dream:

To help make your dream come true, please complete Steps 1 through 4 of this dream application and mail to: #177, 8015 Roper Road NW, Edmonton, AB., T6E 6S4 or scan and email to info@angelsanonymous.org

Step One

Write a Dream Request Letter and include a photo of yourself.

As part of your dream request, we ask that you send us a photograph of yourself and a personal letter written by you, a family member, or a close friend, which describes your dream, why you need our help, and the importance of this dream to you. We want you to tell us WHY this dream matters, and HOW this dream will provide you with a greater sense of comfort and fulfillment. Your letter should

- Be no longer than one (1) page in length;
- Refer to the illness you are battling;
- Clearly describe what your dream is – be specific;
- For dreams involving air travel, include the number of participants, airport of departure and desired dates.

We are unable to grant the following types of dreams:

NO requests for cash, automobiles, property, or home improvements;

NO requests for cruises;

NO requests to fund medical treatments, medical equipment, or to provide legal assistance;

NO requests for someone with a chronic illness who is not in their last 12 months of life;

NO requests for surprise dreams;

NO requests for those who are not residents of Canada;

NO requests for celebrity meets or memorabilia.

Step Two

Fill out your Dream Request Form.

All information must be included as we are unable to process incomplete applications.

Recipients Name

Address

City

Province

P.C.

Phone

Email Address

Age

D.O.B.

Social Insurance Number

Present/Former Employer

Annual Household Income \$

Referred by

Dream Requested

Spouse/Nearest Relative/Contact

Relationship

Phone

Address

City

Province

P.C.

Step Three

Physician to complete the Statement of Eligibility below.

- I give my permission for *The Angels Anonymous Connection* to contact my physician for verification.

Dream Recipient's Name (printed please)

Dream Recipient's Signature

Date

Physician's Name

Address

City

Province

P.C.

Phone (please include area code)

Fax

Diagnosis

Life Expectancy (in months)

Is Dream Recipient able to Travel?

Is oxygen required for air travel?

In regards to this Wish, are there any other Medical Issues that we should be made aware of?

Physician's Signature

Date:

Physician's Email Address

By signing above, I certify that I am the treating physician of the individual (*The Angels Anonymous Connection* Recipient) named above. The recipient is of sound mental capability to sign legal documents. I have discussed the dream to be fulfilled by *The Angels Anonymous Connection* with the recipient and/or their family. I understand that to be eligible for a dream the recipient must be within the last 12 months of life. I understand that *The Angels Anonymous Connection* will be contacting me to confirm and discuss this information.

Step Four

Follow instructions carefully for the Press Release below.

If your dream is accepted, *The Angels Anonymous Connection* would like permission to use your story and/or photo in one or more of the following media. We ask you to check the boxes that are acceptable to you. It is very helpful to *The Angels Anonymous Connection* when you choose to accept all media to help raise awareness and donations for your dream.

The Angels Anonymous Connection respects the privacy of individuals and will use only the recipient's first name when using their story and/or photo. If you would like us to take special considerations please explain them clearly to your Dream Coordinator when they contact you in regards to your dream request.

Please check the box next to the media that is acceptable.

- Local newspaper, radio, television
- National newspaper, radio, television
- The Angels Anonymous Connection* Newsletter
- The Angels Anonymous Connection* Website
- All of the above

Please note: If you checked any of the above items you will need to select and initial Option 1 on the enclosed Dream Agreement Form page 8.

- Please do not use my story and/or photo in any of the above media.

Please **READ**, **SIGN** and **RETURN** with your Dream Application.

Dream Agreement

Dream Recipient: _____

Dream: _____

NOTE: Only *The Angels Anonymous Connection* may make a request on behalf of a dream. If the recipient, family members, friends or anyone having knowledge of this dream uses the name of *The Angels Anonymous Connection* to solicit support, the dream will be immediately disqualified.

1. **Granting of Dream:** *The Angels Anonymous Connection* (TAAC) agrees to pursue the fulfillment of the Dream of the person named above ("Recipient") in accordance with the terms and conditions of this Agreement. *The Angels Anonymous Connection* reserves the right in its sole discretion, to decide which of the wishes described above will be granted.
2. **Permission to Disclose Medical Condition:** The recipient grants TAAC the right to disclose the nature of his/her medical condition to the extent necessary in the fulfillment of the dream. Furthermore, the recipient grants TAAC permission to obtain medical information about the recipient which TAAC may feel necessary for fulfillment of the dream and authorize all physicians and medical care providers to provide TAAC with all medical information.
3. **Relatives/Friends:** No person may accompany the recipient during any portion of the dream fulfillment, unless specifically agreed to in writing between the parties.

4. **Waiver:** The recipient hereby waives any and all rights he or she may hereafter acquire against *The Angels Anonymous Connection*, its officers, directors, agents, and employees arising out of any injury, damages, or losses suffered by the recipient, family, friends, or any of them, arising out of or in any way related to TAAC preparation, execution or fulfillment of the Dream, regardless of whether such loss or harm is caused by the negligence of or gross negligence of TAAC or any other person.
5. **Release:** Recipient, or its behalf and on behalf of its legal executors, relatives, or friends, together and each of them individually, does hereby forever release and discharge *The Angels Anonymous Connection*, its officers, directors, agents, and employees from any and all claims, lawsuits, damages, or losses arising out of or in any way related to *The Angels Anonymous Connection* preparation, execution or fulfillment of the Dream, and suffered by the Recipient, relatives or friends, or any of them of whatever nature, and of whatever extent, regardless of whether such loss or damage is caused by the negligence or gross negligence of TAAC or any other person.
6. **Indemnity:** Recipient, relatives, or friends, together and each of them individually, hereby agree to indemnify and hold harmless *The Angels Anonymous Connection*, its officers, directors, agents, and employees of and from any and all losses suffered by *The Angels Anonymous Connection*, its officers, directors, agents, and employees as a result of any claim, lawsuit, or action arising out of or relating in any manner to *The Angels Anonymous Connection's* preparation, execution and fulfillment of the Dream, or to any breach by Recipient, relatives or friends of the representations and warranties contained in paragraph 9 of this agreement. Said hold harmless and indemnity includes, but is not limited to, reasonable attorney's fees and costs incurred by TAAC; its officers, directors, agents, and employees in retaining attorneys of TAAC choice to defend any and all such claims, lawsuits, and actions.
7. **Dream Expenses:** The expenses TAAC has agreed to pay for are those foreseeable and directly related to the fulfillment of the dream. Dream Recipient, relatives or friends, together understand that they may be forced to incur substantial expenses as a result of unforeseen events or circumstances beyond TAAC's control, especially if fulfillment of the Dream involves travel. TAAC shall not have any responsibility or liability for expenses incurred by Recipient, relatives or friends which have not been expressly assumed by TAAC pursuant to this Agreement, which have been caused by unforeseen events, or circumstances beyond TAAC control. For example, a particular Dream may contemplate *The Angels Anonymous Connection* paying for certain specific expenses for a specific period of time while Recipient is traveling away from home. If Recipient's medical condition deteriorates so that immediate hospitalization is necessary, recipient may be forced to remain away from home longer than the period of time contemplated by the wish. In that event, it will be the sole responsibility of the Recipient to pay for all expenses in excess of those for which *The Angels Anonymous Connection* has agreed to pay, whether medically-related, for meals and lodgings, including hospitalization, or for other goods, or services of any nature.
8. **Fundraising:** As a participant in *The Angels Anonymous Connection* program, a fundraising campaign may be undertaken in your community, with your prior approval, to raise money and/or Frequent Flyer Miles to fulfill the dream. Money raised will be used for your dream up to a maximum allocation described in item 7. Funds or miles raised above the allocation will be used for another clients dream.

By initialing, I acknowledge that I have read and understand the fundraising guidelines described above: _____.

Initial Here

9. **Representations and Warranties:** Recipient, relatives Doctors, or friends together and each of them individually, make the following representations and warranties to TAAC:
- a) they have made a true and full disclosure of medical condition to TAAC:
 - b) they will notify TAAC if and when Recipient's medical condition should deteriorate at any time prior to fulfillment of the Dream,
 - c) they are carrying, or during the fulfillment of the Dream shall be carrying, full medical insurance, including any additional coverage which may be required as a result of the Dream to be fulfilled, or that they assume the risk and personal responsibility of failing to carry adequate medical insurance;
 - d) if fulfillment of the Dream involves travel, they are able to bear the financial burden of the substantial expenses which they may be forced to personally incur as a result of unforeseen circumstances or events beyond TAAC's reasonable control (more full explained in Paragraph 7), or that they assume the risk and personal responsibility for such expenses;
 - e) Recipient has not previously been granted a dream by TAAC or another charitable dream-granting organization; and
 - f) in requesting TAAC to fulfill the Dream, they are not relying upon nor have they received any counsel or advice from TAAC with respect to the advisability of or the risks attendant to the Dream.
10. **Termination of Dream:** *The Angels Anonymous Connection* reserves the right, in its sole and absolute discretion, to abort preparation or fulfillment of the Dream at any time after the signing of this Agreement, if TAAC should determine that (a) fulfillment of the Dream will endanger the health and safety of the Recipient or of others, (b) the Recipient is or will be incapable of appreciating or utilizing the goods, services, or activities related to the Dream, (c) events or circumstances render it impractical, imprudent, or inadvisable to fulfill or continue to fulfill the Dream or (d) Recipient has breached any of the representations and warranties contained in Paragraph 9 of this Agreement. In the event TAAC aborts preparation, or fulfillment of the Dream, Recipient, relatives and friends agree that TAAC shall not be held liable or responsible for any expenses, which Recipient, relatives and friends may have incurred in contemplation of TAAC's fulfilling the Dream.
11. **Further Assurances:** Recipient, relatives and friends agree that he or she shall, at the request of TAAC execute and deliver to TAAC all further documents that *The Angels Anonymous Connection* deems necessary or appropriate in order to prepare, execute and fulfill the wish.
12. **Counterparts:** The Agreement may be executed in counterparts, any of which shall be deemed to be an original.
13. **Amendment:** This Agreement shall not be modified, amended, or superseded, except by a writing executed by the parties.
14. **Governing Law:** This Agreement shall be governed by the laws of the Province of Alberta in which *The Angels Anonymous Connection* is based.
15. **Binding Effect:** This Agreement Is binding on all heirs, successors, representatives, and assigns of each and all parties hereto.
16. **Severability:** If any portion of this Agreement shall be determined to be invalid or unenforceable, all other portions shall remain valid and enforceable.

17. **Entire Agreement:** This Agreement constitutes the entire Agreement and understanding of the parties with respect to the transaction contemplated hereby, and supersedes all prior agreements, arrangements and understandings related to the subject matter. No representation, promise, inducement or statement of intention has been made by any of the parties hereto not embodied in this Agreement, and no party shall be bound by or liable for any alleged representation, promise, inducement or statements of intention not set forth or referred to herein.
18. **Captions:** The Captions appearing in this Agreement are for convenience and ease of reference only. They in no way describe, limited or extend this Agreement or any of its provision.
19. **Proof of Financial Hardship:** Recipient acknowledges that TAAC reserves the right to request documentation of financial hardship.
20. **Grant of Right of Publicity:** PARTICIPANTS UNDERSTAND AND AGREE THAT FULFILLMENTS OF THE WISH MAY RESULT IN PUBLICITY, WHETHER OR NOT THE ANGELS ANONYMOUS CONNECTION ACTIVELY TAKES STEPS TO PUBLICIZE THE WISH.

OPTION 1: The Dream Recipient and participants hereby irrevocably authorize the Dream Foundation (a) to publicize and use participant's likenesses, voices and features, with or without their names, for any publication, promotion, trade, business use, or any other purpose whatsoever; (b) to photograph, videotape, film, and record each participant in any manner *The Angels Anonymous Connection* chooses; (c) to copyright, convey or otherwise distribute, now or in the future, any such material involving the participants for any purpose to anyone, including the general public, magazines, newspapers, television, radio stations, or anyone else; (d) to publicize, now or in the future, the names of the participants including information regarding them, their physical or emotional conditions and the details of any wish granted. The Dream Recipient and each of the participants agrees that it is not necessary for TAAC or anyone else to contact them prior to releasing any information authorized by this document. Each of the participants hereby releases *The Angels Anonymous Connection* from all liability, damages, or claims of any kind resulting in or from, or arising from the use, distribution or disclosure of any photographs, films, videotapes, electronic recording or other information regarding Participants and the dream.

Initial here if Option 1 is selected _____
 (must be initialed by ALL participants)

Option 2: The Dream Recipient and participants request that the dream not be actively publicized by *The Angels Anonymous Connection* to the news media and general public. However each of the participants understands that information regarding the Dream and the participants will necessarily be discussed with and disclosed to those involved in the dream process. Each of the participants also understands that, even if *The Angels Anonymous Connection* does not actively publicize the Dream, the general public and the news media may obtain information concerning the dream from other sources.

Initial here if Option 2 is selected _____
 (must be initialed by ALL participants)

Each of the participants acknowledges reading and understanding this Agreement including the LIABILITY RELEASE AND PUBLICITY AUTHORIZATION prior to signing it. Each participant agrees that no modification of this Release has been made orally or in writing and this release accurately and fully expresses the understanding of the Dream Recipient and each of the participants.

IMPORTANT: By signing below, you affirm and acknowledge that you have read this Agreement, have received a copy and fully understand its provisions.

The Angels Anonymous Connection
Board Member

Date

Dream Recipient

Date

Participant

Date

Dream Recipient

Date

Participant

Date

Dream Recipient

Date

Participant

Date

Dream Recipient

Date

Participant

Date