The Visual Bucket List Foundation

The Visual Bucket List Foundation fulfills meaningful visual experiences for children and teenagers (up to age 18) who have a severe visual impairment or are expected to lose most or all of their vision due to a medical condition or illness.

To apply for a wish, please complete the form below. While children are welcome to fill out the application themselves, a parent or legal guardian must provide consent. You will receive a confirmation once we have received your application. Upon approval and as funding allows, we will begin working on your child's visual bucket list, striving to fulfill one of their top wishes and create a lasting visual memory.

We look forward to the opportunity to make a visual wish come true for your child. If you have any questions about the application process, please submit an inquiry to **visualbucketlistfoundation@gmail.com**

Applicant Name (Child)& DOB_____

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? Visual Acuity?

_____

_____

_____

Treating Medical Specialist

Name (Last, first, middle initial) _____

Title _____

Street address_____

City _____State _____ ZIP Code_____

Primary Hospital/Medical Center

_____

Office phone number _____

Cell phone number _____

Email address _____

Does your child have/had a GoFundMe or fundraising platform? Yes ____ No ___

It is our goal to grant your child's Visual Bucket List dream. To best assist us in understanding and evaluating child's wishes, please describe below (in order of importance) your child's top three Visual Bucket List wishes. We ask that you be as specific as possible when providing these details, through submission of wishes does not guarantee fulfillment.

Because our foundation is fully reliant on donations and community support, we retain sole and absolute discretion regarding if and how any wish may be fulfilled, and expressly make no guarentees regarding wish fulfillment. Providing a range of three wishes allows our board to carefully evaluate all options and increases the likelihood that we can create a meaningful and memorable experience for your child. Offering multiple possibilities also helps us match your request with the resources, partnerships, and funding available at the time of consideration.

While flexibility is appreciated, please know that our team is deeply committed to honoring the spirit of your child's dream and will work diligently to make the experience as close as possible to what your child envisions.

1.

2.

3.

Applicant and Family Information

Applicant Information (Parent or Guardian)

Name (Last, first, middle initial) _____

Relationship to Child _____

Street address _____

City _____State _____ 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.

Additional Notes:
The Visual Bucket List Foundation (VBLF) covers the cost of accommodations and travel for approved wishes. We collaborate with our travel agent to design a meaningful and personalized visual experience for your child. When completing your application, please specify not only the desired location but also the specific experience (e.g., New York City to see the Statue of Liberty or Olympic National Park to see HOH Rainforest). Additional spending money may be allocated at the discretion of the Board of Directors. Please note: While we welcome all ideas, we kindly discourage requests for theme parks or waterparks. Our mission is to create truly unique and lasting visual memories, and we have found that there are so many beautiful places and experiences that can offer a deeper and more meaningful impact for your child.

If your application is approved, VBLF will cover expenses only for the child and their immediate family. Costs for extended family members will not be covered. Order of wishes will be considered based on each applicant's visual acuity and condition.

If your family has previously received a wish from the Make-A-Wish Foundation (or similar organization) or has raised funds through GoFundMe (or similar platforms), VBLF may prioritize other applicants to ensure we support children who have not yet had an opportunity to fulfill their dream. The duration and specific details of each VBLF experience shall be determined solely at VBLF's discretion, taking into consideration the child's visual bucket list wish, available resources, and other relevant factors.

Please attach any additional documentation you believe may assist us in processing your application. The Visual Bucket List Foundation, may at any time before or during the fullfillment of the wish, require medical documentation, physician statements, or other proof of medical condition and eligibility as it deems appropriate in its sole discretion.

_____, _____.

By signing below, I agree that 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 understand and agree that The Visual Bucket List Foundation shall have the right, but not the obilgation, to use photos and videos of the child for marketing, fundraising, and promotional purposes in perpetuity. In addition, I also understand that a VBLF Staff member may accompany my family on the wish for documentation purposes. I acknowledge that children must be under the age of 18 at the time of application. 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, myself and those listed above on the application.

Agreed to and signed this day of _____, _____.

Participant's Signature _____

Street Address _____

City _____ State _____ Zip _____

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/Guardian Signature _____

Street Address _____

City _____ State _____ Zip _____

Parent/Guardian Signature _____

Street Address _____

City _____ State _____ Zip _____

Please read and complete the ASSUMPTION OF THE RISK, RELEASE, WAIVER OF LIABILITY AND INDEMNITY on the following pages.

ASSUMPTION OF THE RISK, RELEASE, WAIVER OF LIABILITY AND INDEMNITY

The undersigned have requested that The Visual Bucket List Foundation, LLC, and their respective volunteers, officers, directors, employees and agents (collectively, "VBLF"), fulfill a wish (the "Wish") for _____("Wish Child"). The Wish Child and the following people (collectively, "Participants") have requested that VBLF allow them to participate in the Wish: (indicate names of potential wish participants)

_____
_____
_____

Participants, and the parents or legal guardians of the Wish Child and any minor Participants, are signing this Assumption of the Risk, Release, and Waiver of Liability ("Assumption, Release, and Waiver") to bind themselves, their minor children, their heirs, successors, assigns and estates to the conditions described herein.

Assumption of the Risk

The undersigned hereby represent, warrant and covenant that they fully understand the nature of the Wish; that the Participants are qualified, in good health, and in proper physical condition to

participate therein, and shall immediately notify VBLF of any change in such condition; that there are certain inherent risks and dangers associated with the Wish; including but not limited to personal injury, illness, death, property damage, travel-related risks and other unforseen hazards; and that, except as expressly set forth herein, they, knowingly and voluntarily, accept, and assume responsibility for, each of these risks and dangers, and all other risks and dangers that could arise out of, or occur during Participants' participation in the Wish, whether casued by the negligence of VBLF or otherwise.

Liability Release

Participants acknowledge and understand that involvement in the Wish may involve inherent risks of serious injury or harm or death to the Participants and expressly and voluntarily assume all such risks, both known and unknown, iven if arising from the negligence of VBLF or other. In addition, and in consideration of VBLF granting the Wish, the Participants hereby release and agree to hold VBLF, its directors, officers, employees, volunteers, representatives, agents, affiliates, successors and assigns (collectively "Released Parties), harmless for, from and against any and all liability, damages and claims ("Claims") of any kind, known and unknown, which may be connected with, result from, or arise out of the consideration, preparation, fulfillment or participation in the Wish. This includes, but is not limited to, Claims involving economic loss, illness or medical condition, accidental injury or death.

Waiver of Liability

The undersigned hereby RELEASE, WAIVE, DISCHARGE AND COVENANT not to sue the Released Parties, from and for any liability resulting from any personal injury, accident or illness (including death), and/or property loss or damage, however caused, arising from, or in any way related to, Participants' participation in the Wish, including during transportation to/from Wish activities and during all Wish-related events, except for those casued by the willful misconduct of VBLF.

Indemnification and Hold Harmless

The undersigned also hereby agree to INDEMNIFY, DEFEND AND HOLD the Released Parties HARMLESS from any and all claims, actions, suits, procedures, costs, expenses, damages and liabilities including, but not limited to, reasonable attorney's fees, court costs, expert witness fees, investigation costs and related legal expenses, whether brought by the undersigned, other participants, or third parties, arising from, or in any way related to, Participants' participation in the Wish, except for those arising out of the willful misconduct of VBLF. This indemnification obligation shall survive the completion or termination of the wish.

Publicity Authorization

Participants understand and agree that fulfillment of the Wish may result in publicity, whether or not VBLF actively takes steps to publicize the Wish. However, to the extent VBLF has control over the matter, Wish Child's parents or guardians are asked to choose between the following two alternatives. [Note: By signing this Release and Authorization, all other Participants (or their parents/guardians if under the age of 18) agree to be bound by the "publicity option" chosen by Wish Child's parents or legal guardians.]

[ ] OPTION 1 [Publicity]: Participants authorize VBLF to publicize the Wish and to use Participants' names, likenesses and other information about Participants and the Wish (including Wish Child's medical condition), whether embodied in photographs, videotapes, recordings or any other format (collectively, "Information"), for purposes of promotion, publication, commercial advertising, fundraising, or any other purpose whatsoever, in VBLF's sole discretion, now or at any time in the future, without any time limitation. Participants understand and agree that VBLF may use any such Information: (1) in all manner and media whatsoever, whether now known or hereafter invented, including electronic and print media and the Internet; (2) with or without Participants' names; (3) without the payment of royalties or other compensation to anyone; and (4) without the need to notify them or to seek further approval before doing so. Initials of Wish Child's parents/ guardians if authorizing publicity:

_____

Please provide the following information:

Facebook Handle:_____

Instagram Handle:_____

[ ] OPTION 2 [Prefer no publicity]: Participants request that information about their involvement in the Wish not be actively publicized by VBLF to the electronic or print news media, posted on the Internet, or used in VBLF "collateral" such as newsletters, brochures, annual reports, etc. However, each Participant understands and agrees: (1) that information regarding the Wish and Participants will necessarily be discussed with and disclosed to those involved in the wish process, including but not limited to VBLF staff, volunteers, vendors, partners, and service providers. (2) that VBLF may publicly describe and promote the Wish generally, without specifically identifying Participants; and (3) that even if VBLF does not actively publicize the Wish, the general public and media may obtain information concerning Participants' involvement in the Wish from other sources. Initials of Wish Child's parents/guardians if prefer Wish not be actively publicized:

Severability

The undersigned acknowledge and agree that this assumption of risk, Release, Waiver of liability and Indemnification is intended to be as borad and inlcusive as permitted by the laws of the State of Ohio , and that if any portion hereof is held invalid, the remainder of the provisions shall be given full force and effect to the maximum extent permitted by law.

Acknowledgment of Understanding

The undersigned have read this assumption of risk, release and waiver of liability and indemnity agreement, and have had the opportunity to ask questions about the same. The undersigned fully understand this assumption of risk, release and waiver of liability and indemnity agreement, that the undersigned are giving up substantial rights in connection therewith, and that its terms are contractual, and not a mere recital. The undersigned acknowledge that they are signing this agreement freely and voluntarily.

Parent/Legal Guardian of Wish Child _____
Date_____
Parent/Legal Guardian of Wish Child _____
Date _____

Other Adult Participant (if any) _____

Date _____

Other Adult Participant (if any) _____

Date _____

Parent/Legal Guardian of Other Minor Participant _____

Date _____

Parent/Legal Guardian of Other Minor Participant _____

Date _____

For The Visual Bucket List Foundation Administrative Use Only:

Date Received Application _____

Action Taken (Approved/Denied/Pending)_____

Authorized Foundation Privacy Officer _____

Authorized Signature _____

Date _____