Yesterday’s Dreams
Are
Today’s Reality
For
Tomorrow’s Memories

DREAMS to MEMORIES FOUNDATION® is a Canadian Non-profit Charitable Foundation

P.O. Box 313, Fort Erie, ON L2A 5N1
Toll Free: 1-877-280-9975
Tel: 905-994-9777
Fax: 905-994-9393
Email: wishes@dreams2memories.org
Website: www.dreams2memories.org
Facebook: Facebook.com/dreamstomemories
FACTS ABOUT DREAMS TO MEMORIES

WHAT MAKES DREAMS to MEMORIES UNIQUE…
We assist a seriously ill parent with a young family living at home (up to 15 years of age) Dreams to Memories Foundation is a charity that can provide a family with a wish experience to help brighten their lives at a difficult time.

ABOUT OUR SERVICE…
Dreams to Memories wishes are granted to a parent who is terminally ill. Dreams to Memories was incorporated in Ontario and registered with Revenue Canada on February 17th, 1999 as a non-profit, charitable foundation.

OUR SERVICE AREA…
Our area of operation will be the Province of Ontario. We currently have regional volunteers in the Niagara area and are actively seeking volunteers in Ontario communities to help us create the Dreams to Memories magic.

OUR FINANCIAL OVERVIEW…
Our income is totally dependent on donations and fund-raising events. We are not supported by any form of Government or United Way funding. Monies raised by our Dreams to Memories supporters in Ontario, stay in Ontario. We have no Dreams to Memories paid staff, everyone volunteers their time and services. We are governed by an eight (8) person Board of Directors.

HOW CAN YOU HELP…
Assisting our Dreams to Memories wish granting team can be a very pleasurable experience for everyone involved. Simply host a fund-raising event and donate the money to Dreams to Memories Foundation. Dreams to Memories will recognize your efforts with “thank you’s” all around.

Call us today: we can help you plan your event or answer your questions.
TERMS AND CONDITIONS

1. **Granting a Wish:** The Dreams to Memories Foundation agrees to use its best efforts to fulfill the Wish of the Parent described below in accordance with the terms and conditions of the Agreement. Dreams to Memories reserves the right, in its sole discretion, to decide, which of the wishes described below will be granted. If the wish family is unable to travel, the may re-apply in 6 to 8 weeks -1 time- otherwise the wish is cancelled. If the wish parent’s pre-existing condition causes the cancellation of this trip, a subsequent re-booking and/or re-location will be that the discretion of Dreams to Memories Foundation and their medical liaison.

2. **Permission to Disclose Medical Conditions:** The ill-Parent(s) grants Dreams to memories the right to disclose the nature of the ill-Parent’s medical condition to the extent necessary in the preparation, fulfillment and execution of the Wish.

3. **Relatives:** No person will accompany the Parent(s) during any portion of the Wish fulfillment, except those listed below and signed as immediate children of the parents,

4. **Waiver:** Parents and children together, and each of them individually, do hereby wave any rights he or she may have or may hereafter acquire against Dreams to Memories, its officers, directors, agents and volunteers arising out of any injury, harm, damages, or losses suffered by Parents, Children, or any of them arising out of or in any way related to Dreams to Memories preparation, execution, or fulfillment of the Wish.

5. **Release:** Parents, and Children, together, and each of the individually, do hereby release Dreams to Memories, its officers, directors, agents, and volunteers from any and all claims, lawsuits, damages, and actions he or she may have or may hereafter acquire arising out of injury, damages, or losses suffered by the parent(s), and the children, or any of them of whatever nature and of whatever extent, arising out of or in any way related to Dreams to Memories preparations, execution or fulfillment of the Wish.

6. **Indemnity:** Parents, and Children, together, and each of them individually, hereby agree to indemnify and hold harmless Dreams to Memories Foundation, its officers, directors, agents, and volunteers of and from any and all losses suffered by Dreams to Memories, its officers, directors, agents, and volunteers as the result of any claim, lawsuit, or action arising out of or relating in any matter to Dreams to Memories preparation, execution, and fulfillment of the Wish or to a breech by Parents, and Children of the representation and warranties contained in Paragraph 8 of this Agreement. Said hold harmless and indemnity includes, but is not limited to, reasonable attorneys’ fees and costs incurred by Dreams to Memories, its officers, directors, agents, and volunteers in retaining attorneys of Dreams to Memories choice to defend any and all such claims, lawsuits, and actions.

7. **Wish Expenses:** The expenses Dreams to Memories Foundation has agreed to pay are those which are foreseeable and directly related to the fulfillment of the Wish. The Parent(s) and Children understand that they may be forced to incur substantial expenses as a result of unforeseen events or circumstances beyond Dreams to Memories control, especially if fulfillment of the Wish involves travel. Dreams to Memories shall not have any responsibility or liability for expenses incurred by the Parent and Children which have not have been expressly assumed by Dreams to Memories pursuant to this Agreement, which have been caused by unforeseen events, or circumstances beyond Dreams to Memories Foundation control. For example, a particular wish may contemplate Dreams to Memories paying for certain specific expenses for a specific time while the Parent(s) and Children are travelling away from home.

Signed by Wish Adult: ___________________________ Date: ___________________________
IF THE PARENT(S) MEDICAL CONDITION DETERIORATES SO THAT HOSPITALIZATION IS NECESSARY, THE PARENT(S), AND CHILDREN MAY BE FORCED TO REMAIN AWAY FROM HOME LONGER THAN THE PERIOD OF TIME CONTEMPLATED FOR THE WISH, IN THAT EVENT, IT WILL BE THE SOLE RESPONSIBILITY OF THE PARENT(S) AND THE CHILDREN TO PAY FOR ANY AND ALL EXPENSES OF THOSE FOR WHICH DREAMS TO MEMORIES HAS AGREED TO PAY, WHETHER MEDICALLY RELATED, FOR MEALS AND LODGINGS, OR FOR OTHER GOODS OR SERVICES OF ANY NATURE.

8. **Representation and Warranties**: Parent(s) and Children together, and each of them individually, make the following representation and warranties to Dreams to Memories Foundation;
   (a) That they made a true and full disclosure of the ill-Parent(s) medical condition to Dreams to Memories;
   (b) That they will notify Dreams to Memories if and when the ill-parent(s) medical condition should deteriorate at any time prior to completion of the fulfillment of the Wish;
   (c) That they are carrying or, during the fulfillment of the wish, shall be carrying full out of the country medical insurances (for any wish trip that takes them outside of Canada) or full out of province medical coverage (for any wish trip that takes them out side of the province in which they reside), or that they hereby acknowledge and assume the full responsibility to carry such medical insurance and to bear any and all medical expenses incurred during or in any way related to the preparation, execution, or fulfillment of the wish trip;
   (d) That if the fulfillment of the Wish 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 Dreams to Memories reasonable control (as more fully explained in Paragraph 7) or that they assume the risk and personal responsibility of such expenses.
   (e) That the ill-parent has not previously been granted a Wish by Dreams to Memories or another similar charitable organization; and
   (f) That in requesting Dreams to Memories to fulfill the Wish, they are not relying upon nor have they received any counsel or advice from Dreams to Memories with the respect to the advisability of the risks attendant to the Wish.

9. **Termination of the Wish**: Dreams to Memories reserves the right, in its sole and absolute discretion, to suspend or abort preparation, execution, and fulfillment of the Wish at any time after the signing of this Agreement, if Dreams to Memories should determine that (a) fulfillment of the Wish will endanger the health and safety of the parent or of others, (b) the parent is or will be incapable of appreciating or utilizing the goods, services, or activities related to the Wish, (c) events or circumstances render it impractical, imprudent, or inadvisable to fulfill or continue to fulfill the Wish, of (d) the ill parent has breached any of the representations and warranties contained in Paragraph 8 of this Agreement. In the event Dreams to Memories suspends or aborts preparation, execution, or fulfillment of the Wish, Parent(s) or Children agree that Dreams to Memories shall not be held liable or responsible for any expenses that Parent(s) or Children may be incurred in contemplation of Dreams to Memories fulfilling the Wish.

Signed by Wish Adult: ____________________________________________ Date: __________________________
10. **Further Assurances:** Parent(s) and Children agree that he or she shall, at the request of Dreams to Memories, execute and deliver Dreams to Memories all further documents that Dreams to Memories deems necessary or appropriate in order to prepare, execute and fulfill the Wish.

11. **Counterparts:** This Agreement may be executed in counterparts, any of which shall be deemed to be an original.

12. **Amendment:** This Agreement shall not be modified, amended, or superseded, except by a writing executed by the parties.

13. **Governing Law:** This Agreement shall be governed by the laws of the Province in which the Dreams to Memories Foundation executing this agreement is located.

14. **Binding Effect:** This Agreement is binding on all heirs, successors, representatives, and assigns of each and all parties hereto.

15. **Severability:** If any portion of this Agreement shall be determined to be invalid or unenforceable, all other portions shall remain valid and enforceable.

16. **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.

17. **Captions:** The Captions appearing in the Agreement are for the convenience and ease of reference only. They in no way describe, limit, or extend this Agreement or any of its provisions.

**IMPORTANT:** By signing below you affirm and acknowledge that you have read this Agreement and fully understand the provisions of Dreams to Memories Foundation.

Signed by Wish Adult: ___________________________________ Date: _________________________________

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**SIBLINGS**

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<th>NAMES OF CHILDREN</th>
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Signed by Parent/Guardian if Minor

Dated: ________________________________
PUBLICITY RELEASE

We at Dreams to Memories Foundation require your permission to use publicity articles, as well as a picture of your family, if you are participating in a Dreams to Memories wish granting program.

Dreams to Memories Foundation requests the “right of publication”, when deemed necessary during our fund raising activities, for the following media:

- Newspaper releases
- Newsletter articles
- Television/Internet
- Corporate Recognition
- Memorial Plaques
- Fund raising events

Thank you for giving us a publicity release so that our future families may have their wish fulfilled by our Dreams Team.

Dreams to Memories requests a “thank you” letter (If this wish is granted) in recognition of the efforts of our Board of Directors and all our volunteers.

Wish Family Name ____________________________________________
(Please print)

_______________________________________                     _________________________________________
Parent Name                                                   Parent Signature

_______________________________________
Date Agreement Signed                                        Wish# ______________________________

(Office Use Only)
### WORKSHEET

**Name:**

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<th>Middle</th>
<th>Last</th>
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**Address:**

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<tr>
<th>Province</th>
<th>PC:</th>
<th>Male/Female:</th>
<th>Date:</th>
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</table>

**Birth Date:** Have you received a previous wish experience?

**Spouse’s Name:**

**Children’s Names and Birth Dates:**

**Home Address:**

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<th>City:</th>
<th>Province:</th>
<th>Postal Code:</th>
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**City:**

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<th>(H) Telephone:</th>
<th>(W) Telephone:</th>
<th>email:</th>
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**Medical Diagnosis:** Date Diagnosed:

**Current Treatment:**

**Medical Equipment Used:** Hospitalization:

**Misc. Information:**

**Referred by Name:** Telephone: (Friend/Social Worker/Nurse/Specialist)

**Address:**

**Doctor’s Name:** Address:

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<th>Town/City:</th>
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<th>Telephone:</th>
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**Medical Prognosis (1 year or less):**

**Date Received:** Wish No:

**Volunteer:** Date Assigned:

**No out of family substitutes are allowed other than stated in the original Wish agreement.**

**Signed by Wish Adult:** Date:

**Email:**
WISH AGREEMENT

A; LAST NAME: ________________________________________________________________

B: FIRST NAMES: Husband:____________________________________ (ill parent please check (___))

Wife: ______________________________________ (ill parent please check (___))

C: RESIDENCE ADDRESS:

________________________________________________________________________________

D: Wish of Husband and/or Wife ("The Wish") (List up to 3 in order of preference):

(1) __________________________________________________________
(2) __________________________________________________________
(3) __________________________________________________________

E: Children under the age of 15 years, and living in the same household, who will accompany the "wish" parent(s):

Name                  Relationship

_________________________________________                   __________________________________________

_________________________________________                   __________________________________________

_________________________________________                   __________________________________________

_________________________________________                   __________________________________________

Signed by Wish Adult: ____________________________    Date: ____________________________
Dreams to Memories is a registered, Canadian, non-profit, charitable foundation to assist a terminally ill young parent (medical prognosis one (1) year or less) with children under the age of 15 years and living in the same home, with the opportunity to have a family wish experience.

Your patient has approached our foundation for assistance in this matter.

It is our understanding that your patient may qualify based on our criteria. If this is the case, we would ask that you sign, indicating such at the bottom of this document.

As the Medical Advisor, I will be contacting you and/or your staff, by phone, to confirm details about the wish recipient in order to move the wish granting process forward for the patient and their family. Please sign the release form below, allowing us to share information.

After eight (8) weeks, if this proposed wish is not completed, a new medical release will be required.

If you have any questions, please do not hesitate to contact me.

Thank you once again for your time.

Sincerely Yours,

David A. Dec, B. Sc., M.D., C.C.F.P
Medical Advisor-Dreams to Memories Foundation

I HEREBY AUTHORIZE my attending physicians to disclose to the representatives of Dreams to Memories, any medical information requested by them for the purpose of evaluating the nature, extent and suitability of my request for their assistance.

In my opinion, medically, the above patient would be a suitable candidate for assistance from Dreams to Memories Foundation.

Attending Physician: