**LIABILITY RELEASE AND AUTHORIZATION**

**RE: MEDICAL**

INFORMATION AND PUBLICITY

The undersigned have requested that A Second Wish By Demetrius Inc., as well as their respective volunteers, officers, directors,

employees and agents (collectively, "A Second Wish By Demetrius Inc."), fulfill a wish (the "Wish") for \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_("Wish Child"). The Wish Child and the following

people (collectively, "Participants") have requested that A Second Wish By Demetrius Inc. allow them to participate in the Second 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 Liability Release and Authorization Re: Medical Information and Publicity ("Release and Authorization") to bind themselves, their minor children, their heirs, successors, assigns and estates to the conditions described herein.

**Liability Release**

Participants understand that involvement in the Second Wish may entail risk of injury or harm to the Participants and agree that this risk is fully assumed by the Participants. In addition, and in consideration of A Second Wish By Demetrius Inc. considering the

The Second Wish and, if it so determines, granting the Second Wish, the Participants hereby release and agree to hold A Second Wish By Demetrius Inc. 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.

Authorization re: Medical Information

The parents or legal guardians of Wish Child: (1) grant A Second Wish By Demetrius Inc. permission to obtain all medical information about Wish Child that A Second Wish By Demetrius Inc. deems necessary for consideration or fulfillment of the Second Wish; (2) authorize all healthcare providers, including Second Wish Child's primary physician, to provide A Second Wish By Demetrius Inc. with all such information regarding Second Wish Child; and (3) agree to sign any additional medical authorization forms that may be required by Wish Child's   
healthcare provider(s).

Publicity Authorization

Participants understand and agree that fulfillment of the Second Wish may result in   
publicity, whether or not A Second Wish By Demetrius Inc. actively takes steps to publicize the Second Wish. However, to the extent A Second Wish By Demetrius Inc. has control over the matter, Second 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 authorization given by Second Wish Child's parents or legal guardians.

Participants authorize A Second Wish By Demetrius Inc. to publicize the Wish and to use Participants' names, likenesses and other information   
about Participants and the Second Wish (including Second Wish Child's medical condition), whether embodied in photographs, videotapes, recordings or any other format (collectively,   
"Information"), for purposes of promotion, publication, commercial advertising, or   
any other purpose whatsoever, now or at any time in the future. Participants   
understand and agree that A Second Wish By Demetrius Inc. 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: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*

Participants acknowledge reading and understanding this Release and Authorization. For the Second Wish Child and any minor Participants, the signature of their parent or guardian is on behalf of the parent/guardian and on behalf of the minor. Participants agree that this Release and Authorization fully and accurately expresses their understanding and has not been modified orally or in writing.

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Date Parent/Legal Guardian of Second Wish Child

\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date Parent/Legal Guardian of Second Wish Child

\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date Other Adult Participant (if any)

\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date Other Adult Participant (if any)

\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date Parent/Legal Guardian of Other Minor Participant (if any)

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Date Parent/Legal Guardian of Other Minor Participant (if any)