

Application Date:

Trip Recipient/Applicant Name:		
Address:		Apt#
City:	State:	Zip:
Contact Person submitting information:		
Name:		Relationship to Recipient:
Address (if different from recipient):		Apt#
City:	State:	Zip:
Cell Phone Number:		Email:
Legal Name of those travelling: First, MI, Last	Age -	Date of Birth
1.	-	
2.	-	
3.	-	
4.	-	
5.	-	
<i>- Who is the Head of the Household?</i>		
<i>- Who else provides financial support to the family?</i>		
<i>- How did you hear about Project Angel Fares?</i>		
Tell us about the special needs diagnosis of this person and overall health:		
What would you hope to remember about this trip to Morgan's Wonderland?		

Required Items:	
- <i>Current tax return/proof of income/or disability for the head of household & persons providing support.</i>	
- <i>Provide a recent photo of the child (and family, if possible). We request approval to use any photos taken or provided should your child be selected. Please initial your approval:_____</i>	
Medical Information Required: Use a separate piece of paper if necessary. Please list all devices.	
1. What medical devices must the child have with them at all times. Taking into account flight time (duration) airline seating (chest harness), oxygen, etc., whether wheelchair is manual or motorized.	
2. Will the recipient require liquid medicines/food while travelling which are over 3 ounces in weight? Please provide details.	
3. Will the recipient require a Handicap Accessible Room and/or vehicle? *	
4. Will the recipient require a refrigerator for medications/food in the room?	
5. Are there any special sleeping requirements that the recipient needs? Please provide details.	
6. Is there anything else we should know about the recipient or family members who would be accompanying them?	
7. What is the nearest major airport closest to your residence?	
8. Will you be travelling with a service/companion animal? Yes No Proof of certification required.	

Check List:	<input type="checkbox"/>	Income Tax Return and/or proof of disability Attached
	<input type="checkbox"/>	Photo (s) Attached
	<input type="checkbox"/>	Copy of Driver's License for those adults operating the rental vehicle
	<input type="checkbox"/>	Copy of Insurance Card if you will require an Accessible Van*
	<input type="checkbox"/>	Copy of Service Animal Certification

Please email, fax or mail the required information to PROJECT ANGEL FARES:

eMail: sharonk@projectangelfares.com

ofc: 210-564-1322

Mail: 10731 I35 No, San Antonio, TX 78233

fax: 210-599-3102

PAF Website: www.projectangelfares.com

Morgan's Wonderland Website: www.morganswonderland.com

Note: The purpose of this trip is to have the opportunity to visit Morgan's Wonderland and experience the ultra-accessibility rides the park provides. Project Angel Fares is providing this for a family up to 5 people. The recipient child must be 3 years of age or older. Trip is for 4 days, 3 nights. Valid legal United States identification card required for adults travelling. Proof of auto insurance with approved coverage is required for accessible van rental.

RELEASE OF LIABILITY AND ASSUMPTION OF RISK

The individual named below (referred to as "I" or "me"), on behalf of myself and my child(ren), desires to participate in an all travel expenses paid trip to Morgan's Wonderland (the "Activity"), including, without limitation, all travel to, from and within the city of San Antonio, Texas, and participation in all events and attractions sponsored by Project Angel Fares, a non-profit organization (the "Company"). As lawful consideration for the intangible value that my family will gain by participating in the Activity, I agree to all the terms and conditions set forth in this agreement (this "Agreement").

I AM AWARE AND UNDERSTAND THAT THERE ARE RISKS ASSOCIATED WITH THE ACTIVITY, INCLUDING, BUT NOT LIMITED TO, THE POSSIBILITY OF INJURY AND/OR DEATH AND/OR PROPERTY DAMAGE. I ACKNOWLEDGE THAT MY FAMILY IS VOLUNTARILY PARTICIPATING IN THE ACTIVITY WITH KNOWLEDGE OF THE RISKS INVOLVED AND I HEREBY AGREE TO ACCEPT AND ASSUME ANY AND ALL RISKS OF INJURY, DEATH, OR PROPERTY DAMAGE, WHETHER CAUSED BY THE ACTIONS, INACTIONS OR NEGLIGENCE OF THE COMPANY, A THIRD PARTY OR OTHERWISE.

I hereby expressly waive and release any and all claims, now known or hereafter known in any jurisdiction throughout the world, against the Company, and its officers, directors, employees, agents, affiliates, owners, successors, and assigns (collectively, "Releasees"), on account of injury, death, or property damage arising out of or attributable to my participation and the participation of my child(ren) in the Activity, whether arising out of the negligence of the Company or any Releasees or otherwise. I, on behalf of myself and my children, covenant not to make or bring any such claim against the Company or any other Releasee, and forever release and discharge the Company and all other Releasees from liability under such claims.

I shall defend, indemnify, and hold harmless the Company and all other Releasees against any and all losses, damages, liabilities, deficiencies, claims, actions, judgments, settlements, interest, awards, penalties, fines, costs, or expenses of whatever kind, including reasonable attorney fees, fees and the costs of enforcing any right to indemnification under this Agreement, and the cost of pursuing any insurance providers, incurred by indemnified party, arising out or resulting from any claim of a third party related to the Activity.

This Agreement constitutes the sole and entire agreement of the Company and me with respect to the subject matter contained herein and supersedes all prior and contemporaneous understandings, agreements, representations, and warranties, both written and oral, with respect to such subject matter. If any term or provision of this Agreement is invalid, illegal, or unenforceable in any jurisdiction, such invalidity, illegality, or unenforceability shall not affect any other term or provision of this Agreement or invalidate or render unenforceable such term or provision in any other jurisdiction. This Agreement is binding on and shall inure to the benefit of the Company and me and their respective successors and assigns. All matters arising out of or relating to this Agreement shall be governed by and construed in accordance with the internal laws of the State of Texas without giving effect to any choice or conflict of law provision or rule (whether of the State of Texas or any other jurisdiction). Any claim or cause of action arising under this Agreement may be brought only in the federal and state courts located in Bexar County, Texas and I hereby consent to the exclusive jurisdiction of such courts.

BY SIGNING, I ACKNOWLEDGE THAT I HAVE READ AND UNDERSTOOD ALL OF THE TERMS OF THIS RELEASE OF LIABILITY AND ASSUMPTION OF RISK AGREEMENT AND THAT I AM VOLUNTARILY GIVING UP SUBSTANTIAL LEGAL RIGHTS ON BEHALF OF MYSELF AND MY CHILDREN, INCLUDING THE RIGHT TO SUE THE COMPANY. I further confirm that I am the parent or legal guardian of the minor child(ren) named below. I have the legal right to consent to and, by signing below, I hereby do consent to the terms and conditions of this Release of Liability on his/her/their behalf.

Child(ren):

Parent/Legal Guardian of Child(ren) Signature

Printed Name:

Address:

Date: _____

Parent/Legal Guardian of Child(ren) Signature

Printed Name:

Address:

Date: _____