



“Wish” Application

The La Crosse Jaycees understand that a woman undergoing breast cancer treatment has a lot of concerns – her health, her family, her future. Too often, she has financial worries as well.

That’s why the La Crosse Jaycees, a non-profit organization based in La Crosse, WI, established *Walkin’ for Wishes*. The 5K walk held in June raises funds that are used to grant “wishes” to local breast cancer patients, with a focus on those in greatest financial need. Consideration is also given to women who have endured multiple or difficult treatments, or who are in the advanced stages of the disease.

One woman might wish for a new dress for her son’s wedding. Another may want to take a cooking class, while a third needs help with a mounting utility bill. A wish might provide the opportunity for a family vacation, or transportation home for a child who otherwise could not visit. Our goal is to ease the burden for women who already have much to bear. We hope to provide a few days where they can forget about their disease and their worries, and simply enjoy life.

The Jaycees work closely with staff at the Franciscan Skemp Cancer Center to identify and assist breast cancer patients in need; however, individuals may also submit applications directly to the Jaycees.

To apply for a wish, complete the attached application and return it to the La Crosse Jaycees, PO Box 1234, La Crosse, WI 54602-1234. Please read the application carefully and provide all requested information. An incomplete submission will delay processing of your application. We will review your request and contact you promptly if we are able to grant your wish.

Sincerely,

The La Crosse Jaycees



PO Box 1234, La Crosse, WI 54602-1234

The La Crosse Jaycees is made up of individuals from the community who dedicate their time to events that benefit our area, such as Toys for Tots, MDA Shamrocks, Neighbors Day, and much more.

Walkin’ for Wishes - “Wish” Application

Applicant

Name _____ Date of Birth _____ (you must be over 18)
Address _____ City _____ St _____ Zip _____
County _____ Email _____
Home Phone _____ Cell Phone _____
Alt. Contact _____ Relationship _____ Phone _____
Month/Year of Breast Cancer Diagnosis _____ Are you currently receiving treatment? **Y N**
Name of Physician _____ Phone _____
Hospital/Clinic Name _____

Brief description of your wish _____

Total estimated cost to fulfill wish \$ _____

Alternate wish (optional; must be completely unrelated to first wish) _____

Total estimated cost to fulfill alternate wish \$ _____

ADDITIONAL REQUIREMENTS

Please include a photograph and a personal letter with your application:

- **Photograph:** Must be clear and taken within the past year. Family and pets may be included in the photo. Please provide the names of all persons/pets appearing in the photo.
- **Letter:** Please tell us about your wish and what fulfillment of this wish would mean to you and/or your family. Please provide specific details (who, what, when, where, how) and an estimate of the associated cost(s). Be sure to note any time constraints. Your letter should be neatly written or typed and should not exceed a single page/single side. You may include a second letter for an alternate wish.

PUBLICITY RELEASE

An applicant’s information and photo may appear in our La Crosse Jaycees website and newsletter. We respect the privacy of applicants and will only use first names when sharing a story and/or photo.

If your wish application is approved, the Jaycees would like permission to share your story and photo in extended media. By sharing your wish, we are able to raise awareness of the Walkin’ for Wishes program and encourage donations toward future wishes.

_____ OPTION 1: The La Crosse Jaycees may share my name, story and photo with Walkin’ for Wishes
initial sponsors and with the media, which may include local and/or state newspapers, radio and television.

_____ OPTION 2: The La Crosse Jaycees may not share my name, photo or story with sponsors or
initial extended media. I understand selecting this option may impact whether my wish can be granted.

Applicant Signature _____ **Date** _____

Walkin’ for Wishes - “Wish” Agreement

Please initial on the line following each item below, indicating your understanding and agreement:

1. Granting of Wish. The La Crosse Jaycees (“TLJ”) agrees to pursue the fulfillment of the Wish of the person named above (“Recipient”) in accordance with the terms and conditions of this Agreement. The La Crosse Jaycees reserves the right in its sole discretion, to decide if a wish will be granted. *La Crosse Jaycees assists with requests for wish Recipient and immediate family members or caregiver – such as a spouse, significant other, caregiver, mother, father and/or dependent children, living in the home, under the age of 18. _____

2. Permission to disclose medical condition. The Recipient grants TLJ the right to disclose the nature of his/her medical condition to the extent necessary in the fulfillment of the Wish. _____

3. Waiver. The Recipient hereby waives any and all rights he or she may have or may hereafter acquire against TLC, 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 TLJ preparation, execution or fulfillment of the Wish, regardless of whether such loss or harm is caused by the active, passive or gross negligence of TDF or any other person. _____

4. Release. Recipient, relatives or friends, together, and each of them individually, does hereby forever release and remise TLJ, 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 La Crosse Jaycees preparation, execution or fulfillment of the Wish, any suffered by 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 active, passive or gross negligence of TLJ or any other person. _____

5. Indemnity. Recipient, relatives or friends, together and each of them individually, hereby agree to indemnify and hold harmless TLJ, its officers, directors, agents, and employees of and from any and all losses suffered by TLJ, its officers, directors, agents, and employees as the result of any claim, lawsuit, or action arising out of or relating in any manner to TLJ’s preparation, execution and fulfillment of the Wish, or to breach by Recipient, relatives or friends of the representations and warranties contained in paragraph 6 of this agreement. Said hold harmless and indemnity includes, but is not limited to, reasonable attorneys fees and costs incurred by TLJ, it officers, directors, agents, and employees in retaining attorneys of TLJ’s choice to defend any and all such claims, lawsuits, and actions. _____

6. Wish expenses. The expenses TLJ has agreed to pay for are those foreseeable and directly related to the fulfillment of the Wish. Wish Recipient, relatives or friends, together understand that they may be forced to incur substantial expenses as a result of unforeseen events or circumstances beyond TLJ’s control, especially if fulfillment of the Wish involves travel. TLJ shall not have any responsibility or liability for expenses incurred by Recipient, relatives or friends which have not been expressly assumed by TLJ pursuant to this Agreement, which have been caused by unforeseen events, or circumstances beyond TLJ’s control. For example, a particular Wish may contemplate TLJ 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 TLJ has agreed to pay, whether medically related, for meals and lodgings, including hospitalization, or for other goods, or services of any nature. Should death occur during wish, The La Crosse Jaycees are unable to assist in any way. _____

10. Termination of wish. The La Crosse Jaycees reserves the right, in its sole and absolute discretion, to abort preparation or fulfillment of the Wish at any time after the signing of this Agreement, if TLJ should determine that (a) fulfillment of the Wish will endanger the health and safety

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. In the event TLJ aborts preparation, or fulfillment of the Wish, Recipient, relatives and friends agree that TLJ shall not be held liable or responsible for any expenses that Recipient, relatives and friends may have incurred in contemplation of TLJ's fulfilling the Wish. NOTE: Only the La Crosse Jaycees may make a request for resources on behalf of a Wish. If the wish Recipient, family members, friends or anyone having knowledge of this wish uses the name of the La Crosse Jaycees to solicit support, the Wish will be immediately disqualified and terminated. _____

The Wish Recipient and Participants acknowledge reading and understanding this LIABILITY RELEASE AND PUBLICITY AUTHORIZATION prior to signing it. For any minor Participants, the signature of their parent or guardian is both on behalf of the parent or guardian and on behalf of the minor. 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 Wish Recipient and each of the Participants.

IMPORTANT: By signing below, you affirm and acknowledge that you have read this Agreement, have retained a copy, and fully understand its provisions. All Participants must sign Agreement.

Wish Recipient **Date**

Wish Participant **Date**

Wish Participant **Date**

Wish Participant **Date**

Wish Participant **Date**

Wish Participant **Date**

Wish Participant **Date**

