

Special Kids Wish

A Division of United Special Sportsman Alliance
"An Outdoor Wish Granting Charitable Organization"

2025 YOUTH APPLICATION

Last Name _____ First Name _____

Address _____ City: _____

State _____ Zip Code _____

Date of Birth ____/____/____ Primary Phone _____

Alternate Phone _____ Fax/Alt. Phone _____

Email _____ + Mother or guardian _____

Father or guardian _____

Disability/illness/social challenges _____

Special needs (i.e. wheelchair, braces, mobility issues, sensitivity to noise, diet etc.): _____

SKW is a family-oriented charity that aims to include siblings in its events whenever possible. Please list your children (including stepchildren who reside in your home) from oldest to youngest.

Name _____ Date of Birth ____/____/____

Name _____ Date of Birth ____/____/____

Name _____ Date of Birth ____/____/____

Name _____ Date of Birth ____/____/____

Name _____ Date of Birth ____/____/____

General applicant and family questions

What type(s) of outdoor wishes is the Applicant interested in? _____

For example: Camping, fishing, swimming, horseback riding, tubing, boating, jet skiing, kayaking, volleyball, arts & crafts, wagon rides, face painting, archery, golfing, canoeing, beachcombing, or other outdoor wishes not listed on this application.

Has the Applicant ever partaken in any FREE outdoor wish trip granted by any other

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charity, business or organization? Yes No

If yes, please describe what dream wishes were granted and what year _____

Can you afford any incidentals out of pocket cost such as fuel and motel? _____

Note: We try to keep all dream events within a 300-mile radius of Applicants' home. Our goal is to help keep costs moderate and have funds available for more special outdoor wish trips.

Will the applicant need wheelchair accessibility? Yes No

Physician information and recommendations:

Please have Applicant's physician, social worker, or treatment specialist attach a letter indicating the type of disability or life threatening illness of the patient including his/her medically documented limitations. Or, they can fill out the following questionnaire. Please note that all information provided will be kept confidential between USSA and those involved directly in the event.

Physician's Name: _____

Treatment Facility/Hospital: _____

Address: _____

State: _____ Zip code: _____

Primary Phone: _____

Email: _____

Summary of your Patient's physical limitations: _____

Special needs or accommodations for patient? _____

Physician signature: _____ Date: _____

Office Phone: _____

* AMERICANS WITH DISABILITY ACT 1990, United Special Sportsmen Alliance prohibits discrimination against disabled people and guarantees equality of opportunity for persons with disability as well as terminally ill for hunting and or fishing adventures. * WAIVER OF LIABILITY: United Special Sportsman Alliance (USSA) is a non-profit organization seeking to grant wishes for disabled and critically-ill individuals seeking to participate in hunting or fishing or other expedition. To that end USSA requires the execution of this comprehensive waiver as follows: The undersigned agree that he/she, along with his/her successors, heirs, and assigns to hold harmless and forever indemnify of the USSA, its Board of Directors, agents, and Collaborators from liability associated with any death or injury resulting from, or in association with, or during the execution of the event as set forth and otherwise facilitated by USSA. The undersigned also agree that he/she, along with his/her successors, heirs, and assigned to hold harmless and forever indemnify of the person or persons offering the hunt and or fishing trip, namely the Donor, its agents and collaborators from any and all liability associated with any injuries sustained in association with, or during the execution of the event as set forth and otherwise facilitated by the Donor and USSA. This instrument shall apply to any accident, injury, or event that occurs in 2000 or succeeding years. The undersigned personally accepts all liability and responsibility for the actions of everyone hunting, fishing or other activity with him or her (including minors, friends, associates, guests,

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etc.) This agreement also gives USSA the legal right to use any pictures or video/audio recording taken for advertisement (which includes magazine, newspaper, website, brochures, television broadcasts, etc.) with our purpose only being to help encourage others to participate in enjoying the great outdoors. NOTE: Donor listed in the Waiver of Liability is the one donating the outdoor adventures. HOLD HARMLESS & INDEMNIFICATION: Furthermore, we the participants are aware that all states have "State Recreational Use Statutes", which confer a substantial degree of liability protection to landowners who allow the general public to enter upon or make use of their land for recreational purposes at no charge to us the participants. We participants waives for our executors, administrators, assignees or heirs, any and all rights and claims for damages, losses, demands and any other actions whatsoever, which they, individually or "in solido", may have or which may arise against Land Possessor, and any of their heirs, employees, directors, officers or agents, including but not limited to any and all injuries, damages or illnesses suffered by Participant and/or Participant's property, which may, in any way whatsoever, arise out of, be related to or be connected with free outdoor recreation, or in any way connected with his or her presence on the property of Land Possessor. We participants on behalf of ourselves and our executors, administrators, assignees or heirs, hereby expressly release Land Possessor and any of landowners heirs, employees, directors, officers or agents from any and all such claims. I have read the above waiver of liability and understand it and ALL its premises. I agree with all statements and am doing so without any influence as my personal decision:

THE UNDERSIGNED HAS READ AND VOLUNTARILY SIGNS THIS RELEASE AND WAIVER OF LIABILITY AND INDEMNITY AGREEMENT, and further states that no oral representations, statements, or inducements apart from this agreement have been made.

Date _____

Name _____

Address _____

City _____ State _____ Zip _____

Phone (_____) _____

Signature of parent or legal guardian _____ 

***PLEASE NOTE:** If the recipient (he or her applying) is not able to attend a scheduled wish trip, please take the courtesy to notify us as soon as possible, so we can select another recipient from the list to fill the opening. If not contacted or do not receive an applicable excuse for the last minute withdrawal, the recipient may no longer be eligible to remain on the wish granting list. *

NOTE: IF POSSIBLE PLEASE INCLUDE PICTURE(S) OF APPLICANT

Please print application and fax, mail, or email to:

Special Kids Wish

N7864 Shotwell Lane • Pittsville, WI 54466 • (715) (884-2256) • Fax: (715) (884-7388)

Website: www.specialkidswish.org Email: specialkidswish@gmail.com

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