



Absent Parent Form

I, _____, father/mother of _____,
(Dream Child) hereby represent to The Dream Factory, Inc. that:

1. The situation indicated below applies to me (Please Check One):

- My child's other biological parent, _____, does not live in our household, does not take an active part in the child's upbringing, has not been in contact with the child or me for more than _____ years, and I am not aware of any means of contacting him/her.
- My child's other biological parent, _____, is deceased. He/she passed away in the year _____.
- I do not know the identity of my child's biological father.

2. I understand that, for legal and other reasons, The Dream Factory, Inc. requires all individuals with parental or custodial rights for the child to approve a dream before it is granted, and to sign various documents as part of the Dream Application including Background Information, Medical Information, Description of Dream, Authorization for Use/Disclosure of Protected Health Information, General Liability Release, Information Release, and Fraud Prevention and Response.

3. In light of the above circumstances, I take full responsibility for signing these documents so that my child may have his/her dream granted, and I hold The Dream Factory, Inc. harmless for, from and against any adverse consequences that may result from my signing the documents alone.

4. I also agree to notify The Dream Factory, Inc. promptly if, prior to the completion of the dream, my custody status changes or I learn that the Dream Child's other biological parent has taken legal steps to have the custody arrangement modified or rescinded.

I declare under the penalties of perjury that the information set forth herein is true, accurate and complete to the best of my knowledge and belief.

Parent's Signature

Date

Witness Signature

Date