

Izzy's Wing

Izzy's Wing is a 501(c)(3) nonprofit organization and contributions are tax-deductible to the extent permitted by law. Izzy's Wing's tax identification number is 99-3317335.

35026 N El Sendero Road, Cave Creek, AZ 85331

www.izzysWing.com

651-308-3787 izzys_Wing@izzysWing.com

Application For Financial Assistance



IZZY'S WING

Please Read Carefully

Izzy's Wing

Guideline for Financial Assistance

Izzy's Wing is a non-profit charity, dedicated to safety, training and fellowship in the skydiving community, along with assistance for medical expenses for skydivers who are injured while skydiving and have a financial need due to no or inadequate insurance.

- Any experienced skydiver who has been injured while participating in a skydive jump and as a result has financial burdens that are not covered by insurance. By completing and signing this application you are confirming that the information provided about the accident, injury and insurance is accurate.
- All sections of this Application must be accurately completed in order to receive consideration for financial assistance. INCOMPLETE or UNTRUTHFUL applications are valid grounds for denial or termination of assistance.
- Financial assistance is awarded based on financial need and on a case-by-case basis by our Board in its sole and absolute discretion, and is awarded based on current caseload and availability of funds.
- ONE RECENT COLOR quality photo of the applicant (high res 300 dpi) must be included with the application.
- A brief summary of the applicant's medical journey in a Word format which may be used on our website and social media postings.

Once this Application is fully completed and signed, including the Consent/Release Form + Agreement: Authorization for Use of Image/Likeness at the end of this Application, send directly to our office via email at Izzys_Wing@IzzysWing.com . Please include one recent color quality photo of the applicant (high res 300 dpi), as well as copies of hospital or medical facility invoices that are relevant to your request for aid under this Application.

Should you not have access to a computer you may mail the application directly to our mail location at: Izzy's Wing, 3262 Crestmoor Drive, Woodbury, MN 55125.

Please do not hesitate to reach out to us with any questions you may have about our process.

Applicant Information

Please print and complete ALL sections accurately and clearly. If more space is required please attach a separate document

Applicant's Name _____

Gender _____ Age _____ Date of Birth _____

Medical Condition/Diagnosis _____

Location or Dropzone where accident occurred _____

Date of Determination of Medical Condition/Diagnosis _____

Current Treatments _____

Hospital or medical facility where patient/applicant is receiving treatment _____

Physician(s) _____

Does patient/applicant have a social worker assigned to them at the hospital or medical facility?

YES NO

Requested Amount of Financial Assistance* _____

*Please include hospital or medical facility invoices that show amounts requested

Do you have a Go Fund Me or any other online fundraiser? YES NO

If yes, please provide the name and link: _____

Insurance Information

Is the patient/applicant currently enrolled in a medical insurance plan? YES NO

Primary Health Insurance Plan _____

Does the patient/applicant currently have a secondary health insurance plan? YES NO

Secondary Health Insurance Plan _____

Patient/Applicant General and Employment Information

Patient/applicant's home address _____

City _____ State _____ Zip _____

Phone _____ Email _____

Employment Status: Full Time Part Time Unemployed Disabled / Retired

Employer (if applicable) _____

Total household income (from all sources)? _____

Total value of patient/applicant's assets including investments? _____

Has patient/applicant lost income due to their medical condition or diagnosis? YES NO

If yes, please explain? _____

Financial Assistance

Has the patient/applicant applied for or received financial assistance from other charities or organizations?

YES (complete the below information) NO

Organization _____

Organization Phone _____ Contact Name _____

Address _____ City _____ State _____ Zip _____

Amount Received \$ _____ Date of Assistance _____

Organization _____

Organization Phone _____ Contact Name _____

Address _____ City _____ State _____ Zip _____

Amount Received \$ _____ Date of Assistance _____

AFFIRMATION

To be completed by Patient/Applicant, or Patient/Applicant's representative (if applicable)

I have read the general guidelines for financial assistance herein and fully understand the policies set forth on the first page of this Application, of Izzy's Wing. I declare that the information submitted on this Application form is true and accurate to the best of my knowledge.

If awarded financial support, I agree that the specific expenses declared on this Application will be paid directly by Izzy's Wing to the hospital or medical facility for the expenses described in this Application. I agree that Izzy's Wing may use and disclose information disclosed by me on this Application to communicate with the hospital or medical facility.

All financial assistance Applications will be reviewed by Izzy's Wing on a case-by-case basis and eventual determination will be made based on financial need of the patient/applicant, and upon other applications submitted and the availability of funds held by Izzy's Wing.

Izzy's Wing reserves the right to deviate from the general guidelines herein when special needs should arise, in its sole and absolute discretion.

Authorized Signatures:

Patient/Applicant Signature: _____

Date: _____

Print Name: _____

Patient/Applicant's Representative (if applicable)

Signature: _____

Date: _____

Print Name: _____

Relationship to Patient/Applicant: _____

**CONSENT/RELEASE FORM + AGREEMENT:
AUTHORIZATION FOR USE OF IMAGE/LIKENESS**

In consideration of potential receipt of financial assistance and other valuable consideration, the receipt and sufficiency of which is hereby acknowledged, I agree as follows:

1. I hereby grant to Izzy's Wing ("Izzy's Wing") and its respective licensees, successors, agents and assigns (collectively called the "Licensed Parties") the irrevocable, perpetual and unrestricted right to take, use, sub-license, publish and republish images, pictures, videos, likeness, voice, statements, and biographical information of me ("Likeness"), in whole or in part, or composite or distorted in character or form, without restriction as to changes or alterations, in conjunction with my own or a fictitious name, or reproductions thereof, made through any medium, and in any and all media now existing and yet unknown throughout the world, specifically including, but not limited to, all print, broadcast and digital media channels, uses and applications, to be interpreted broadly, for illustration, promotion, art, editorial, advertising, trade, award, internal or any other purpose whatsoever in perpetuity. I agree Izzy's Wing specifically has no obligation to remove materials featuring my Likeness from media outside Izzy's Wing's control.

2. I agree that any materials created using my Likeness pursuant to the terms herein are owned by Izzy's Wing and it may register copyrights in such materials in its name and any other materials containing my captured Likeness. Nothing herein creates any obligation on the Licensed Parties to make any use of my Likeness.

3. I specifically consent to the duplication, editing, compositing or distortion of my Likeness and the content, including without restriction any changes or alterations. I hereby waive any right that I may have to inspect or approve any materials containing my Likeness and the advertising copy or other matter that may be used in connection therewith. The Licensed Parties shall be without liability to me for any use of my Likeness as outlined herein.

4. I hereby expressly agree to indemnify and release, discharge and waive all claims, demands, losses and liabilities of any nature which may arise from my participation and authorization hereunder, and covenant not to make any claims against the Licensed Parties as a result of any and all use of my Likeness.

5. This Agreement shall be construed in accordance with the laws of the State of Arizona and represents the entire understanding between me and the Licensed Parties regarding the subject matter herein. This Agreement shall be binding upon my survivors, heirs, descendants, administrators, executors and all others who have or may have a legal claim or rights by virtue of my agreeing to these terms.

SIGNATURE PAGE

(Patient/Applicant Signature) (Date)

If patient/applicant's representative is completing this Agreement, please complete the following:

I, _____ (Printed Name) and the undersigned, hereby warrant that I am the

_____ (state how you are the representative of patient/applicant) of _____, and have full authority to authorize the foregoing terms of this Agreement on their behalf; authorization that I am granting after completely reading and understanding the terms and provisions of this Agreement.

(Patient/Applicant's Representative's Signature) (Date)

