



RELEASE

In the event that we are chosen as grant recipients, we give permission to Angels of Hope, Inc., NFP, to use our names and our child's names in press releases and organizational publications. We understand that, other than the grant award made to us to assist with burial and headstone fees, we will not be compensated for this use in any manner.

We have read and understand the contents hereof. By signing below, we are expressly releasing Angels of Hope, Inc., NFP, its agents, volunteers, employees, licensees and assigns from any and all claims which we may have for invasion of privacy, right of publicity, defamation, copyright infringement, or any other causes of action arising out of the use, adaptation, reproduction, distribution, broadcast or exhibition of such items as described above.

We understand that our name and story may be used in Angels of Hope, Inc., publications and press releases regarding the Everlasting Footprints Program.

Date _____
Applicant's Signature _____

Date _____
Applicant's Signature _____

Child's Name