



RELEASE FORM

Please print out this form and fill in the blank spaces in dark ink and send the form to us by mail, along with your cremains.

Please retain a copy of the completed form for your records.

I, _____ hereby authorize Eternal Ascent Society to disperse the cremains of the deceased, _____ by way of a large helium-filled balloon in accordance with all relevant laws.

I hereby certify that I have the legal right to authorize this Balloon Release. I have been informed that the cremains will be released on ____ / ____ / ____ weather permitting.

I understand that once the cremains of the deceased are dispersed, they are not recoverable. Further, I understand that only the fine, sifted cremains will be dispersed, and that the balance of the cremains and the container which contains the cremains will be respectfully discarded subsequent to the dispersal.

I agree to hold harmless the Eternal Ascent Society, its affiliates and employees from any damage, loss or liability, including attorney's fee's and expenses in connection with the release of the cremains of the deceased or with respect to the identification of the cremains as being those of the deceased.

I hereby give the Eternal Ascent Society permission to allow pictures and/or videotapes to be made of the release by television, magazine, newspaper or our in-house photographer for marketing purposes only.

First Name Last Name Relation to deceased

Street Address City, State & Zip

() _____
Phone Number

Special Request or Comments _____

Signature / /
Date

Price \$

Sign and return original to:
Eternal Ascent Society, Inc.
8395 Yew Pine Court
Crystal River, FL 34428
Tel. (352) 563-5266