

FOUNDRY FLIGHTS

An Aviation Ministry

Authorization for the Scattering of Cremated Remains

I hereby authorize Foundry Flights to scatter in accordance with the terms and conditions described in this Authorization for the Aerial Scattering of the Cremated Remains of (full name of the deceased) _____ (hereinafter "Deceased") from an aircraft at an altitude and location deemed both safe and in compliance with all applicable laws and regulations governing such action. I certify that I hold full legal right and authority to control the transportation and final disposition of the cremated remains of Deceased and that the identity of said remains is as stated above.

I understand that factors such as weather or unanticipated mechanical difficulties could delay the scattering of Deceased's cremated remains beyond the date and time agreed to between myself and Foundry Flights and that Foundry Flights will advise me of any such delays. Foundry Flights then agrees to attempt to reschedule the event as soon as it is practical.

I agree to hold harmless and indemnify Foundry Flights and it's principals, volunteers, agents and affiliates from any claims, demands or damages that may be made arising from the aerial scattering of cremated remains described and authorized herein.

I understand and agree that the scattering of the cremated remains of Deceased is a final and irrevocable act and that once complete the cremated remains will not be recoverable.

I agree that Foundry Flights is not responsible for any loss of, or damage to, cremated remains of Deceased that may occur during the transport of said cremated remains from point of origin to Foundry Flights. Additionally, Foundry Flights will not be required to visually identify me and my party on the ground.

This Authorization and the agreements that it constitutes shall be considered in accordance with the laws of the State of Oregon and any disputes arising hereunder shall be adjudicated in the State of Oregon.

Authorized by: _____

Printed Full Name: _____

Your Relationship to Deceased: _____

Your Street Address: _____

City: _____ State: _____ Zip: _____

Your Phone #: _____ e-mail: _____

Requested Date of Scattering: _____ Time of Scattering _____

Alternate Date: _____ Alternate Time: _____

Location of Scattering: _____

Coordinates (if known) Latitude _____ Longitude _____

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