

**Rest On High Authorization for the Scattering of Cremated Remains**

To be completed and signed by the person with legal authority to make arrangements for the disposition of the remains of the deceased (Authorizing individual referred to as “I” in this document).

Printed Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Street Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Zip Code: \_\_\_\_\_\_\_\_\_\_\_\_

Phone #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name of the Deceased: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date of Death: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date of Cremation: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Location and contact information where the remains are to be picked up by Rest on High:

Location: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Point of Contact: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Service Selections:**

\_\_\_\_ Selection of aerial release of the cremation ashes by Rest On High

\_\_\_\_ General Release – No specified time, date or exact location

General location \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_ Release to be viewed from the ground

Specific location: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Coordinates if available: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Requested time and date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name of POC contact on the ground at the release location: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Cell Phone #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Special requests: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Added Services:

\_\_\_\_ Rose Pedals \_\_\_\_ Wild flower seeds

**Authorizations and Agreements:**

\_\_\_\_ I hereby authorize Rest On High to release the cremation ashes of the Deceased named in this authorization from an airplane in accordance with the State of Washington laws and the Federal Aviation Administration regulations. I certify that I have the legal right and authority to control the transportation and disposition of the cremated remains of the Deceased.

\_\_\_\_ I understand that factors such as weather and unanticipated mechanical difficulties could delay the scattering of the cremated remains of the Deceased. Rest On High can normally contact the designated individual for scheduled ground viewings in advance of delays. However, occasionally, a delay may occur while airborne. Scattering of the remains that are not scheduled for a ground viewing will almost always be completed in less than 10 days after receiving the remains. However, weather and maintenance could occasionally necessitate a longer time frame for the release.

\_\_\_\_ I agree to hold harmless and indemnify Rest On High and its principals, employees, 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 the Deceased is a final and irrevocable act, and that once complete, the cremated remains will not be recoverable.

\_\_\_\_ I agree that Rest On High 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 Rest On High.

\_\_\_\_ I understand that during the conduct of the aerial release Rest On High will attempt to identify the viewing party on the ground, but there is no requirement for Rest On High to do so. The aerial release will be based on the time and location I have provided. Rest On High will commence the scattering at the appointed place & time indicated above.

\_\_\_\_ Yes \_\_\_\_ No I grant Rest On High, its representatives and employees, the right to use all photos and videos produced by Rest On High, as a result of the ash scattering service they performed. I authorize Rest On High, its assigns and transferees to copyright, use and publish the same in print and/or electronically. I agree that Rest On High may use such photographs and videos related to the ash scattering \_\_\_\_\_ with or \_\_\_\_\_ without the Deceased name for any lawful purpose, including for publicity, illustration, advertising and Web content.

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

Authorized and Agreed To By the Authorizing Individual:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_

Signature Printed Name Date

**Instructions for Completing the**

**Rest On High Authorization for the Scattering of Cremated Remains**

**Printed Name:** Printed name of the person with legal authority to make arrangements for the remains of the Deceased.

**Full Address:** Full mailing address of the person with legal authority to make arrangements for the remains of the Deceased.

**Phone Number & Email:** Phone number and email address of the person with legal authority to make arrangements for the remains of the Deceased.

**Name of the Deceased:** Full legal name of the Deceased

**Date of Death:** Date of death as listed on the Death Certificate

**Date of Cremation:** Date the Deceased was cremated.

**Service Selections:**

**Selection of aerial release of the cremation ashes by Rest On High:** This is simply stating that the Authorizing Individual is selecting an aerial release of the cremated remains to be completed by Rest On High.

Next please select either a General Release **OR** Release to be viewed from the ground.

**General Release** – Rest on High will determine the time and date of the release without coordinating the time and date with the Authorizing Individual. This is included as part of the basic fee based on distance from the Richland, WA airport (RLD).

**General location:** The Authorizing Individual provides a general location for the release. Examples of a general location: Any of the recommended viewing points, over Badger Mountain Area, or over the Columbia River near the Snake River

**Release to be viewed from the ground:** Rest On High will coordinate directly with the Authorizing Individual for a specific location and time for the release. This may be at one of the recommended viewing points or another selected location. All locations shall meet the requirements and laws of both the State of Washington and the FAA. A time will also be coordinated between Rest On High and the Authorizing Individual. This time may require adjustments primarily based on weather including winds, and maintenance requirements for the aircraft. Weather is difficult to forecast in advance and becomes more accurate as the event time gets closer. Three days in advance of the selected day a weather forecast will provide a good indication of what to expect. Aviation specific weather reports are not considered reliable more than 12 – 24 hours in advance. Rest On High will communicate with the Authorizing Individual about the weather and release time/date as the selected time and date get close.

**Note:** The ground viewing selection has an additional service charge in addition to the General Release fee based on distance from the Richland airport (RLD) as listed on the “Services” page of the web site. The additional fee covers the detailed coordination with the Authorizing Individual and permissions, when required.

**Specific Location:** Rest On High can normally work with a physical address or latitude & longitude coordinates from either *Google Maps* or *Google Earth Pro*.

Examples of Specific locations:

A farm located at \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_. This requires the written permission of the landowner.

A location within a state park. This requires the permission of the Park Ranger.

Over the Snake River at Levey Park adjacent to the north parking lot.

**Coordinates if available:** A physical address or latitude & longitude coordinates from either *Google Maps* or *Google Earth Pro*. Rest On High will assist with this as necessary.

**Requested time and date:** Rest On High will do its best to accommodate the requested schedule. However, Rest On High has no control over the weather. A time and date may be planned with the full understanding that adjustments may be necessary for weather or mechanical issues. Normally, the weather can be accurately forecast within 12 – 24 hours prior to the event.

**Name of the contact on the ground at the release location:** This should be the Authorizing Individual unless formally delegated. This requires a cell phone contact number. The Rest On pilot will typically call the Authorizing Individual just prior to takeoff to both verify the schedule and location coordination. The pilot will attempt to call the Authorizing Individual again while inflight about 2 – 5 minutes prior to the release. This may vary and at times may not be possible in high air traffic areas.

**Special Requests:** Rest On High will do its best to accommodate special requests within the additional fee for ground viewings. If the special requests require additional flight time of additional coordination there may be an additional fee. This will be addressed during the planning and prior to final payment.

**Added Services:** The Authorizing individual may request to have rose pedals or wildflower seeds added/mixed with the cremation ashes which are released into the winds aloft. There is a small service fee for this special personalization.

**Authorizations and Agreements:** Please read carefully and initial each line of the first 6.

The 7th and last agreement regarding use of pictures and video is optional and is voluntary. There are two selections which may be made:

The first authorizes Rest on High to use the picture(s) and video of the aerial release in print or electronically.

\_\_\_\_ Yes \_\_\_\_ No I grant Rest On High, its representatives and employees, the right to use all photos and videos produced, as a result of the ash scattering service they performed. I authorize Rest On High, its assigns and transferees to copyright, use and publish the same in print and/or electronically.

This allows Rest ON High to use the Deceased name with the picture(s) and or video in print or electronically.

I agree that Rest On High may use such photographs and videos related to the ash scattering \_\_\_\_\_ with or \_\_\_\_\_ without the Deceased name names and for any lawful purpose, including for publicity, illustration, advertising and Web content.

Please email any questions to Rest On High at: [RestOnHigh@gmail.com](mailto:RestOnHigh@gmail.com)