N.O.A.H'S MISSING MEMORIALS PROGRAM APPLICATION APPLICANT INFORMATION Name: Date of Birth: Phone: Current address: State: ZIP Code: City: Email: **EMPLOYMENT INFORMATION** Current employer: Employer address: City: State: Zip Code: Position: Length of Employment: CHILD'S INFORMATION Name of the deceased child: Where is the child buried: City: State: ZIP Code: Relationship: Phone for Burial Location: Date of birth: Date of Death: Gender: REFERENCES Name Address Phone **DISCLOSURE STATEMENT** The above information is correct to the best of my knowledge. I have not falsified any information. I understand that the selection process for this program is at the discretion of the N.O.A.H Foundation and its board members. The selection process has no regard for income and there is no discrimination based on gender or race. I understand that, if selected, the N.O.A.H Foundation will arrange for payment of a headstone in the price range of \$200-\$500 and the payment will be made directly to the business of which N.O.A.H selects for services. All arrangements will be made between N.O.A.H and the selected business. If selected, I will be required to sign a more extensive agreement and contract. By signing below, I further agree to free N.O.A.H Foundation of any legal concerns. Limitation of Liability: By applying you agree to release and hold harmless Now Our Angel's in Heaven (N.O.A.H) and its subsidiaries, affiliates, advertising and promotion agencies, partners, representatives, agents, successors, assigns,

employees, officers and directors from any liability, illness, injury, death, loss, litigation, claim or damage that may occur, directly or indirectly, whether caused by negligence or not, from (i) such applicant's participation in the Missing Memorials Program and/or his/her acceptance, possession, use, or misuse of any award or any portion thereof, (ii) technical failures of any kind, including but not limited to the malfunctioning of any computer, cable, network, hardware or software; (iii) the unavailability or inaccessibility of any transmissions or telephone or Internet service; (iv) unauthorized human intervention in any part of the application process or the Promotion; (v) electronic or human error which may occur in the administration of the Promotion or the processing of applications.

SIGNATURES

I have received a copy of this application. I have thoroughly read and reviewed the application. I have also read, reviewed, and agree to the official rules which have been provided to me. My signature below confirms that I agree to the terms and conditions associated with the Missing Memorials Program.

Signature of applicant:	Date:
Signature of N.O.A.H Member:	Received On:

Missing Memorials Program Application

Please tell us why a headstone for your child is important to you: (If more space is needed, please use another page. You may also type this and print it to submit. Limit 2 pages typed, 3 pages handwritten).

Signature:		