

ORGANIZATIONS PROVIDING ASSISTANCE TO  
MARINES/SAILORS AND THEIR FAMILIES



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This booklet was prepared by Kathleen Benjamin, the I MEF Family Readiness Officer, on 5/14/04. It was updated on 9/29/04.

"Nothing contained within this document is intended to be an official U.S. Marine Corps document, suggest official U.S. Marine Corps endorsement, or suggest preferential treatment of any of the non-federal entities listed herein. The non-federal entities listed herein do not compose a complete listing of all charitable organizations and this document is distributed for informational purposes only."

## The American Legion

The American Legion was chartered by Congress in 1919 as a patriotic, mutual-help veterans organization. There are nine million members in nearly 15,000 American Legion Posts. This organization provides educational scholarships for children and a family support network providing assistance to service personnel and their families whose lives have been directly affected by Operation Iraqi Freedom and America's war on terrorism.

Contact: Bob Caudell, Scholarship Program Coordinator  
Telephone: (317-630-1212  
E-mail: [rcaudell@legion.org](mailto:rcaudell@legion.org)

Family Support Network  
Telephone: 1-800-504-4098  
E-mail: [familysupport@legion.org](mailto:familysupport@legion.org)

### Services Provided:

**Children:** Children or legally adopted children of active duty U.S. Military and Guard, and Reserve personnel who were federalized and on active duty after September 11, 2001 are eligible for scholarship application. The amount of the award depends upon the income derived from the scholarship trust.

**Families:** Family members can call the Family Support Network toll-free number to request assistance. The call is referred to the American Legion department of the state in which the call was originated. The department refers the call to a local Legion Post. The local Post contacts the family and provides the assistance needed (if resources are available) or refers the family to other local agencies. In case of financial needs, the Post provides the funds or assists the family.

### Application Information:

**Family Support Network:** to obtain assistance, please call 1-800-504-4098 or complete the Family Support Network Request for Assistance form on-line and submit it electronically.

**American Legacy Scholarship:** Children or legally adopted children of active duty United States military and Guard, and Reserve personnel who were federalized and died on active duty on or after September 11, 2001. Scholarship is for undergraduate study at a U.S. school of higher education. Scholarship application form must be completed and mailed to:

The American Legion  
Attn. American Legacy Scholarship  
P.O. Box 1055  
Indianapolis, IN 46206



*For God and Country*  
**THE AMERICAN LEGION**  
The World's Largest Veterans Organization

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- Family Support Network Request Assistance Form

### Family Support Network Request for Assistance Form

May 14t

\*Denotes a Required Field

#### 1. Requestor's Information

\*Full Name

\*Relationship to Service Person

If "Other", please specify:

Address Information

\*Street Address

\*City

\*State

\*Zip

\*Please provide at least (1) phone number.

Home Phone

Best time to call?

Work Phone

Best time to call?

Other Phone

Best time to call?

\*Email Address

#### 2. Service Person's Information

\*Full Name

\*Branch & Level of Service

Branch of Service:

Level of Service:

Is the Service Person a Member of the American Legion?

If "Yes", please specify

State:

Post #:

Are there minor children in the home?

If "Yes", please tell us the number of minor children:

Please provide us with any **additional information** you feel is pertinent.

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**THE AMERICAN LEGION  
AMERICAN LEGACY SCHOLARSHIP  
APPLICATION  
2004**



**ELIGIBILITY:** Child/Children, or legally adopted child/children, of active duty United States military and Guard, and Reserve personnel who were federalized and died on active duty on or after September 11, 2001. Must be a high school senior or high school graduate to apply for the scholarship. **Directions for completing this application: Please type or write legibly.** Do not attach any documents or additional pages to this application, except as required, all other documentation or added pages will be discarded.

Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Telephone (     ) \_\_\_\_\_ Date of Birth Month \_\_\_\_\_ Day \_\_\_\_\_ Year \_\_\_\_\_

I am the son/daughter of (veteran's name) \_\_\_\_\_

Who died while on active duty on \_\_\_\_\_ while serving with the (give unit and branch of service)

\_\_\_\_\_

**Academic Record**

**If you are enrolled in an institution of higher education, attach a copy of your most recent grade report.**

or

**If you are enrolled in high school, this section is to be completed by a high school official.**

High school enrollment \_\_\_\_\_ Number of students in applicant's class \_\_\_\_\_

Cumulative Grade Point Average (GPA) \_\_\_\_\_ GPA scale is \_\_\_\_\_ (i.e. 4 point, 6 point, 12 point, etc.)

Class Rank \_\_\_\_\_ High School Graduation Date \_\_\_\_\_

SAT Scores Math \_\_\_\_\_ Verbal \_\_\_\_\_ Total \_\_\_\_\_ **and/or** ACT Score \_\_\_\_\_

\_\_\_\_\_ Date \_\_\_\_\_

**Signature**

**Type/print name and title  
Affix school stamp or seal**

**For Official Use Only**

GPA \_\_\_\_\_ Class Rank \_\_\_\_\_ SAT/ACT Score \_\_\_\_\_

IDR \_\_\_\_\_ Total \_\_\_\_\_ EFC \_\_\_\_\_

FINANCIAL INFORMATION:

Expected Family Contribution (EFC) Source: federal Student Aid Report \$ \_\_\_\_\_

Estimated cost of one year of college:

Tuition: \$ \_\_\_\_\_

Room & Board: \$ \_\_\_\_\_

Textbooks: \$ \_\_\_\_\_

Fees: \$ \_\_\_\_\_

Supplies: \$ \_\_\_\_\_

Equipment: \$ \_\_\_\_\_

**TOTAL:** \$ \_\_\_\_\_

List all sources of support available to you for next year, including parent, savings, part-time employment, scholarships, loans, gifts, Survivor & Dependent Education (U.S. Code Title 38. Chapter 35), etc.

Source of Support (Attach additional sheet if needed.) Dollar Amount of Support

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\$ \_\_\_\_\_ Parent's Adjusted Gross Income. Use the most recent tax figures available.

Assets of parent:

Home equity:

Current approximate market value \$ \_\_\_\_\_

Less outstanding mortgage \$ \_\_\_\_\_

Current equity ----- \$ \_\_\_\_\_

Other real estate equity (market value less outstanding mortgage) \_\_\_\_\_

Business equity (market value less business indebtedness) \_\_\_\_\_

Farm equity (market value less farm indebtedness) \_\_\_\_\_

Savings accounts and bonds \_\_\_\_\_

Bank accounts (checking, trust, etc.) \_\_\_\_\_

Stocks and other investments \_\_\_\_\_

Total of above amounts \$ \_\_\_\_\_

---

Father's name, if living, and occupation:

Mother's name, if living, and occupation:

How many adults are living in your home now? \_\_\_\_\_

How many brothers or sisters are in elementary/middle school this year? \_\_\_\_\_

How many brothers or sisters, including yourself, are in high school this year? \_\_\_\_\_

How many brothers or sisters, including yourself, are enrolled in college this year? \_\_\_\_\_

How many brothers or sisters, including yourself, will be enrolled in college next year? \_\_\_\_\_

How many student loans do you have? \_\_\_\_\_

How many "Parent Loan for Undergraduate Students" (PLUS) loans does your parent have? \_\_\_\_\_

Does anyone, living in your home, require constant medical care? Yes \_\_\_ No \_\_\_ If yes how many? \_\_\_\_\_

Briefly describe constant medical care needed.

Do you have a part time job? If yes, describe.

Briefly, describe your school and community activities.

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What major do you plan on pursuing when you enter college? Why?

What college or university do you want to attend? Why?

Describe activities that would provide examples of your leadership skills/ability.

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**CERTIFICATION**

If I am selected as a scholarship winner and in consideration thereof, I understand, agree and hereby grant permission to The American Legion to use my likeness and name in announcing and promoting this scholarship program. I understand and agree that the National Selection Committee is solely responsible for the selection of the scholarship winners and its decision is final. I have completed the scholarship application and have attached the required documents. I grant permission to the school of higher education I attend to release information concerning my enrollment status, academic standing and financial need to The American Legion for use in administering my scholarship award. In submitting this application, I certify that the information is complete and accurate to the best of my knowledge. I understand and agree that, falsification of information will result in termination of the American Legacy Scholarship.

\_\_\_\_\_  
Student's Signature

\_\_\_\_\_  
Date

If my child is selected as a scholarship winner and in consideration thereof, we understand, agree and hereby grant permission to The American Legion to use my child's likeness and name in announcing and promoting this scholarship program. I understand and agree that the National Selection Committee is solely responsible for the selection of the scholarship winners and its decision is final. My child has completed the scholarship application and has attached the required documents. I grant permission to the school of higher education my child attends to release information concerning my child's enrollment status, academic standing and financial need to The American Legion for use in administering my child's scholarship award. In submitting this application, I certify that the information is complete and accurate to the best of my knowledge. I understand and agree that, falsification of information will result in termination of the American Legacy Scholarship.

\_\_\_\_\_  
Parent's Signature

\_\_\_\_\_  
Date

**Attach to this application a PHOTOCOPY of the deceased veteran's Certificate of Death (DD 1300). Mail completed application postmarked not later than April 1, 2004 to: The American Legion, Attn. American Legacy Scholarship, PO Box 1055, Indianapolis, IN 46206.**

**The Rules and Conditions under which the scholarships are awarded and the program administered shall be:**

1. Those eligible to apply for the scholarships shall be the child/children, or legally adopted child/children, of active duty United States military and National Guard, and military reservists who were federalized and died on active duty on or after September 11, 2001.
2. Must be a high school senior or high school graduate to apply for the scholarship.
3. The American Legion American Legacy Scholarship is for undergraduate study at an accredited institution of higher education within the United States, except where the recipient is from a possession of the United States, in which case he/she can select a university or college in that possession or in the United States. The recipient must be accepted or enrolled as a full-time student to receive his/her scholarship funds. The number and amount of the scholarship awards will be determined by the income derived from The American Legion American September 11 Memorial Scholarship Trust.
4. The scholarship funds may only be used to defray necessary costs of the student's education (i.e. tuition, room & board, books & supplies, fees and equipment required by the student's particular course of study or school).
5. The scholarship recipient may reapply for the scholarship annually. The amount of the fund request cannot exceed the cost of education. Students may make only one (1) request for funds per semester or quarter.
6. Scholarship checks will be issued upon receipt of a "Request for Funds" form. It is the normal and customary procedure that the scholarship check will be a two-party check made payable to the student and school.

## American Red Cross

The American Red Cross provides a variety of services to include disaster services, health and safety services, community services, volunteer services, youth services, biomedical services, international services, nursing, and government relations.

Contact: San Diego Chapter  
Telephone: (619) 542-7400  
E-mail: [info@sdarc.org](mailto:info@sdarc.org)  
Emergency Assistance Telephone: 1-800-951-5600  
Website: [www.redcross.org](http://www.redcross.org)

### Services Provided:

Active Duty Military, Families: Specific services include emergency communications, financial assistance, counseling, and veterans assistance. To obtain emergency financial assistance, active duty members stationed in the United States and their immediate family members can call the Red Cross toll free number, available 24/7. The American Red Cross also offers confidential guidance and counseling, information and referral, and other services to all military personnel and their families. Local resources available include emergency communication, access to emergency financial assistance, information and referral, counseling, safety and lifesaving skills training, disaster relief, volunteer opportunities, blood services, tissue services, and international services.

## AMVETS

This organization provides support to veterans in the form of free counseling and claims assistance, legislative action to secure earned benefits and services for veterans, and community volunteer efforts.

Contact: Telephone: Rick Jones (Voices from Home Program)  
1-877-7AMVETS  
E-mail: [amvets@amvets.org](mailto:amvets@amvets.org)

### Services Provided:

Active Duty, Families: The Voices From Home Program allows military personnel and their families to record their voices or other sounds over the telephone for up to 5 minutes. These sound files are stored on special servers. An email is immediately sent to the voice creator. The voice email can then be forwarded to the recipient, who can be located anywhere in the world.

## Angel Flight

This volunteer organization provides air transportation, free of charge, to patients and their families. They also provide flights in a national crisis or whenever there is a compelling human need, including the transportation of organs and blood.

Contact: Angel Flight West  
Jim Weaver, Executive Director  
3237 Donald Douglas Hoop  
Santa Monica, CA 90405  
Telephone: (310) 390-2958  
Mission Coordination:  
Cheri Cimmarrusti  
Telephone: (888) 4-AN-ANGEL  
(888) 426-2643  
E-mail: [oordination@angelflight.org](mailto:oordination@angelflight.org)  
1-800-446-1231 (national hotline)  
E-mail: [angelflightamerica.org](mailto:angelflightamerica.org)

### Services Provided:

Marines, Families, Children: Free air transportation for critically injured/ill family members and for Marines, family members with other transportation needs. When requesting a flight, please allow 3-5 days for mission coordinators to successfully find a volunteer pilot or identify another appropriate transportation source.

### Application Information:

To request flights, please call 1-800-446-1231/1-877-621-7177.

## The Armed Forces Children's Fund, Inc. (AFCEF)

The purpose of this non-profit corporation is to be able to financially assist the educational needs of the surviving children of the U.S. Military men and women who lost their lives on or after October 7, 2001, the commencement of Afghanistan operations, as part of the global war on terrorism defined as "Operation Enduring Freedom".

Contact: Mailing Address: Armed Forces Children's Education Fund,  
Inc.

P.O. Box 44524

Washington, DC 20026-4524

Fax: 1-309-420-4450

Email: [www.afef.org](http://www.afef.org)

### Services Provided:

Children: An educational fund for the children of fallen heroes has been established to provide financial assistance to families whose service member has died in support of Operation Enduring Freedom/Operation Iraqi Freedom.

### Application Information:

Application forms are not yet available on-line. This situation should be rectified soon.

## Blinded American Veterans Foundation

This organization concentrates on supporting medical research on sensory disabilities, as well as the development of improved sensory prosthetics, outreach programs to further identify issues of personal importance to veterans with sensory disabilities, informational programs directed at state and federal government agencies, Congress and state legislatures, the private business sector, and the general public.

Contact: Blinded American Veterans Foundation  
P.O. Box 65900  
Washington, D.C. 20035-5900

### Services Provided:

Veterans: This organization developed the Americane, a sensory aid to give blinded veterans greater mobility and independence. It has also developed an audio version of the Veterans Benefit Handbook which allows veterans full awareness of the range of benefits available to them. Direct financial grants to VA Medical Centers and Blind Rehabilitation Centers have assisted in covering budget shortfalls, improved vital computer training capabilities, and assisting visual impairment coordinators.

## The Clint Black Foundation

Country singer Clint Black's Foundation has set up a fund to benefit the families of fallen soldiers. Clint Black is providing all the necessary administrative costs in order to ensure that 100% of the proceeds will go to the families. The Foundation will provide funds directly to the families of fallen soldiers who are in need.

Contact: The Clint Black Foundation c/o Gudvi, Sussman, & Oppenheim  
Telephone: (615) 320-9161  
Fax: (615) 321-2773  
E-mail: [csussman@gsogroup.com](mailto:csussman@gsogroup.com)

### Services Provided:

**Families:** The families must complete an Assistance Request Form which requires an explanation and details of monetary needs including past, present, and future needs along with clarification of specific hardships faced or facing since time of Service Member's death. The Foundation also needs to know the families' relationship to the soldier, number of children, and also the soldier's name, rank, and branch of service.

### Application Information:

Application For Financial Aid Form must be completed and faxed to Foundation.

THE CLINT BLACK FOUNDATION  
C/O GUDVI, SUSSMAN & OPPENHEIM  
1222 16TH AVENUE SOUTH, 3RD FLOOR  
NASHVILLE, TN 37212  
615-320-9161  
Fax: 615-321-2773  
E-mail: csussman@gsogroup.com

APPLICATION FOR FINANCIAL AID

NAME OF APPLICANT: \_\_\_\_\_  
ADDRESS OF APPLICANT: \_\_\_\_\_  
\_\_\_\_\_

TELEPHONE NUMBER: \_\_\_\_\_  
E-MAIL ADDRESS: \_\_\_\_\_

RELATIONSHIP TO SOLDIER: \_\_\_\_\_

NAME OF SOLDIER: \_\_\_\_\_  
RANK OF SOLDIER: \_\_\_\_\_  
BRANCH OF SERVICE: \_\_\_\_\_  
DATE OF DEATH: \_\_\_\_\_  
PLACE OF DEATH: \_\_\_\_\_

NUMBER OF CHILDREN: \_\_\_\_\_

EXPLANATION AND DETAILS OF MONETARY NEEDS:  
(PLEASE INCLUDE PAST, PRESENT & FUTURE NEEDS ALONG WITH CLARIFICATION OF  
SPECIFIC HARDSHIPS FACED OR FACING SINCE TIME OF DEATH)

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

SIGNATURE OF APPLICANT: \_\_\_\_\_

## Disabled American Veterans

Formed in 1920 and chartered by Congress in 1932, the Disabled American Veterans (DAV) is the official voice of America's service-connected disabled veterans.

Contact: Gerald Wilson  
San Diego Office  
(619) 299-6916  
E-mail: [www.dav.org](http://www.dav.org)

### Services Provided:

Veterans: The DAV's National Service Program employs a staff of 250 National Service Officers (NSOs). NSOs are service-connected wartime disabled veterans who secured disability benefits for veterans. NSOs also assist veterans with treatment and admission to a VA medical center, accessing VA disability compensation, rehabilitation and education programs, pension benefits, employment and training programs, and Social Security disability benefits. THE DAV also operates an extensive network of programs through which volunteers provide a variety of services to veterans. These include transportation services in DAV-purchased vans, volunteer programs in VA facilities, sponsoring the National Disabled Veterans winter sports clinic, and volunteer programs at the local and state level ranging from initiatives for homeless veterans to advocacy for disabled veterans, and performing household chores. The DAV also legislates for homeless (many of whom are disabled) and female veterans, as well as disabled veterans.

## Fallen Heroes Last Wish Foundation

Families of fallen service members receive limited survivor benefits and, as a result, often endure great hardship. The Fallen Heroes Last Wish Foundation has been established to provide financial relief for the families and children of the fallen.

Contact: Telephone: (805) 962-7843, press 7  
E-mail: [fhlwf@ghs.com](mailto:fhlwf@ghs.com)

### Services Provided:

Families, Children: This organization is dedicated to providing families with additional money to supplement the U.S. government's military death benefits. A \$5,000 "no strings attached" grant is awarded per child.

### Application Information:

Fallen Heroes Last Wish Foundation Application Form must be completed and mailed to: Fallen Heroes Last Wish Foundation  
30 West Sola Street  
Santa Barbara, CA 93101



**FALLEN HEROES**  
LAST WISH FOUNDATION

# Fallen Heroes Last Wish Foundation Grant Application

Page 1 of 2

*Please sign this application on the bottom of page two. Attach a photocopy of the front and back of your Military Privilege Card, a copy of the death certificate or other military notification of death, and a family photo that includes child (or children) listed below and mail to:*

**Fallen Heroes Last Wish Foundation  
30 West Sola Street  
Santa Barbara, CA 93101**

## **Your Information**

---

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

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

Daytime Phone: \_\_\_\_\_ Evening Phone: \_\_\_\_\_

Email Address: \_\_\_\_\_

Children (under 18 years old) who qualify as a dependent of the Fallen Hero for military purposes and who are currently under your legal custody:

Full Name: \_\_\_\_\_ Age: \_\_\_\_\_

## **Fallen Hero's Information**

---

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

Your relation to Fallen Hero: \_\_\_\_\_

Military Branch: \_\_\_\_\_ Rank: \_\_\_\_\_

Date and Event Resulting in Loss: \_\_\_\_\_

Casualty Assistance Officer Name and Phone#: \_\_\_\_\_

## **Other Information**

---

Please provide contact information for at least two other family members of the Fallen Hero.

Name: \_\_\_\_\_ Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Relation: \_\_\_\_\_

Name: \_\_\_\_\_ Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Relation: \_\_\_\_\_



# Fallen Heroes Last Wish Foundation Grant Application

ALLEN HEROES  
LAST WISH FOUNDATION *page 2 of 2*

In consideration of my family's receipt of funds from the Fallen Heroes Last Wish Foundation, and on behalf of my minor children and me, I hereby authorize the foundation and its employees, agents, licensees, successors and assigns, and each of them (collectively "Fallen Heroes") to take pictures and interview my family and me and to put media representatives in contact with me to take pictures and conduct such interviews, to further the charitable purposes of Fallen Heroes, in accordance with the terms specified below.

On my own behalf and on behalf of my minor children, I hereby:

- grant to Fallen Heroes, to the fullest extent possible under law, all right, title, and interest in and to any photographs, pictures, likenesses, recordings, transmissions, interviews, studies, publicity, advertising and promotional material, and all other expression or work created under this Agreement, including without limitation the right to use, re-use, publish, distribute, reproduce, display, modify, and create derivative works based on all work or expression created under this Agreement, in all media now known or hereafter developed or invented.
- authorize Fallen Heroes to use my and/or their names, signatures, photographs, pictures, physical likenesses, and recordings of my and/or their voices in any manner desired by Fallen Heroes, on and in connection with any work or expression created under this Agreement, including but not limited to use in and for studies, illustrations, publicity, advertising, and promotions.

Neither I nor my minor children shall have any right, title, or interest in any of the foregoing, including but not limited to any rights to register, hold, and renew any copyright for or incorporating any such creations.

I agree that any photograph that I provide to Fallen Heroes may be used under the terms of this Agreement as if it had been taken by Fallen Heroes.

Fallen Heroes may sell, assign, license, or otherwise transfer all rights granted to it hereunder in furtherance of its charitable purposes.

On my own behalf and on behalf of my minor children, named, I fully and forever release and discharge Fallen Heroes of and from any and all claims, demands, actions, causes of action, suits, controversies, and liabilities of every kind and nature accruing to me or to them and arising directly or indirectly from the use of my and/or their names, signatures, photographs, pictures, physical likenesses, or recordings or my and/or their voices. In addition, I agree that the rights released by me and by the minor children named in this application include, without limitation, all rights under California Civil code sections 3344 and 3344.1, all claims based on the right to publicity of living persons and survivors of deceased persons, and all claims based on invasions of privacy, libel, slander, and infringement of copyright.

I understand and agree that this Agreement shall be effective and binding upon me and my minor children forever from the date hereof, and that it shall be applicable throughout the world.

I have read and understood all of the above, and I agree to all of its terms, on my own behalf and on behalf of my minor children.

Signature \_\_\_\_\_ Date \_\_\_\_\_