



Authorization To Scatter Cremated Remains

I authorize Colorado Ashes, LLC to take possession of the cremated remains of

_____ (Full Name of Deceased)

Date of Birth: _____ Date of Death: _____

I certify that I have the full authority and legal right to authorize the transportation and the final disposition of the cremated remains of the Deceased and authorize Colorado Ashes, LLC to scatter these cremated remains in a National Park or National Forest area located within the state of Colorado.

I agree to hold harmless and indemnify Colorado Ashes, LLC, and its owners, employees, agents and affiliates from any legal action, court costs, attorney fees, or any other expenses in connection with the identity of the cremated remains as being those of the Deceased or in connection with any claims, demands, or damages arising from the transport or the scattering of the cremains. I understand that scattered cremains are not recoverable and once the remains are scattered, Colorado Ashes, LLC has completed its part of the agreement. I also agree that any containers used for transport will be properly disposed by Colorado Ashes, LLC following the scattering.

I agree to permit Colorado Ashes, LLC to make the final judgment as to the location, time, and date of the scattering based upon Colorado Ashes, LLC's expertise with regard to park and county guidelines, responsible environmental concerns, weather conditions, park tourist areas, and site accessibility that may interfere with scattering specifics preferred by myself or other family members.

This authorization shall be considered in accordance with the laws of the State of Colorado and any disputes arising hereunder shall be adjudicated in the State of Colorado.

Name of Person Authorized to Dispose of Ashes (print): _____

Relationship to Deceased: _____ Date Authorized: _____

Signature of Person Authorized to Dispose of Ashes: _____

Street Address: _____

City, State, Zip Code: _____

Telephone Number: _____ Email Address: _____

Recording or notes included? _____ Please Describe: _____

Preferred Location For Scattering (please check one):

- Grove of Aspen or Spruce Trees
- Area With View of Mountain Lake
- Mountain Meadow of Waving Grass
- No Preference