



AGREEMENT

FINANCIAL SUPPORT:

This agreement is set forth by Jason's Friends Foundation and is between the parties signed below. The family is being supported and financially assisted by Jason's Friends Foundation for non-medical expenses. These expenses might include travel, such as, fuel, lodging and meals/groceries while traveling out of your home town for treatments and appointments. Additionally, Jason's Friends' assistance might include help with essential household bills, such as, the mortgage/rent, utilities, phone, car payments as well as everyday expenses, such as, groceries while the child is in treatment. All expense payment requests are subject to approval. Non-essential items or expenses are paid at Jason's Friends' discretion.

DATE: _____

PARENT/GUARDIAN SIGNATURE: _____

JASON'S FRIENDS FOUNDATION: _____

RELEASE AUTHORIZATION

As Parent/Guardian of _____, I give permission for Jason's Friends Foundation to use my child's first name only, hometown and photo (please provide picture) for the purpose of informing the public about the assistance available. Publication will be through various media sources and during the annual Bowl for Jason's Friends fundraiser.

DATE: _____

PARENT/GUARDIAN SIGNATURE: _____

JASON'S FRIENDS FOUNDATION: _____