

Easy Rest Adjustable Sleep Systems Beds For Our Troops Program

In order to be considered for this program you must complete the application IN FULL. Follow these directions to make sure you have done it correctly the first time! Once completed you must send the application through **regular mail** addressed to: Beds For Our Troops, Easy Rest Adjustable Sleep Systems, 6110 Holabird Avenue, Baltimore, MD 21224. **We are no longer accepting applications via email.**

The application is not complete until the following have been submitted:

1. **Release of Liability Form** – Must be filled out completely and signed by the Veteran applying for the program.
2. **Delivery & Background Information** – This is a 2 page form and must be completed. The more detail you can provide the better.
3. **Release of Medical Information Form** – This form must include the name, title and address of a medical provider or social service caseworker that can verify the injuries and medical need. The applicant must print their name and sign and date the bottom of the form.
4. **Photograph Submission Form** – Complete the form in full and follow the submission guidelines.
5. **Social Media Information Form** – Please fill out the 2 page form and help us spread the word.

Failure to complete the application in full will result in a delay of being entered into the system.



Thank you for inquiring about Easy Rest's Bed For Our Troops program. Our company supports our veterans by donating one bed per month to a wounded veteran in recognition of their dedication, commitment and valor defending the freedoms of the citizens of the United States of America. We are happy to consider you for our program.

If you are chosen for the program the bed will be awarded to you free of charge and comes with complete set-up, delivery and full warranty protection. You may choose a twin, full, queen or dual king (if you are married or in a long-term committed relationship) size Premier Sleep System, our most popular model. For more complete information you can visit our website at <http://www.easyrest.com>.

We donate one bed per month through our Beds for Our Troops Program. In order to be considered you must fill out in full all of the following information: Publicity Release; Delivery & Background Information Form (please provide detailed information); Release of Medical Information Form. Please provide all the information on both forms and a photograph and be sure to sign and date them and return them to the following address: Beds For Our Troops, Easy Rest Adjustable Sleep Systems, 6110 Holabird Avenue, Baltimore, Maryland, 21224. Once those forms are received we will review your application and get back to you with a response. It may be some time before you hear from us. We donate one bed per month and we have many applicants.

Please help us spread the word about this program on social media! Any assistance you can provide through social media, blogging, etc. would be appreciated.

Should you need to contact me I can be reached at 443-696-3018.

Sincerely,

Ann Mowrey
Director of Public Relations



Release of Liability

The Easy Rest Adjustable Sleep System Distributors have a program whereby, from time to time, they provide an Easy Rest Adjustable Bed to a wounded American Serviceperson without cost to the individual. Each bed provided is complete with those accessories required for the individual's needs and comfort together with a warranty for service should it be needed.

In consideration of the above, the recipient of the Easy Rest Adjustable Bed grants to M&M Bedding LLC, Canal Works Advertising and the Easy Rest Adjustable Sleep System distributors the right and permission to use the name of the recipient, any photographs taken of the individual recipient and their family, and the information supplied by the recipient on the Easy Rest Adjustable Bed Donation Program Delivery & Background Information Form for publicity purposes or any similar lawful purposes. The recipient further agrees to complete a post donation questionnaire and/or interview about the product and his/her sleep and comfort improvements as a result of the product.

Accordingly, the recipient, identified below, hereby releases and discharges M&M Bedding LLC, Canal Works Advertising and the Easy Rest Adjustable Sleep System distributors and any person or entity action for or on behalf of the Easy Rest Adjustable Sleep System distributors from any liability by virtue of any blurring, distortion, alteration, optical illusion or use in composite form that may occur or be processed in the taking of these photographs through the completion of the finished product.

Recipients Name: _____
Please Print

Address: _____

Home phone: _____ Cell Phone: _____

Signature: _____ Date: _____

**Easy Rest Adjustable Bed Donation Program
Delivery & Background Information for Recipient**

PLEASE PRINT ALL INFORMATION

Recipient Name: _____

Address: _____

Home Phone: _____ Cell Phone: _____

Email Address: _____

Marital Status: _____ Spouse Name: _____
(if applicable)

Spouse Cell Phone: _____

Spouse Email Address: _____

In order to make sure we give you a bed that will be most comfortable for you,
please provide us with:

Your Height: _____ Spouse Height _____

Your Weight: _____ Spouse Weight: _____

Choose Your Bed Size: _____ Twin _____ Full _____ Queen _____ Dual King

Children: _____
Names and Ages (If applicable)

Military Branch: _____ Rank: _____

Years in Service: _____ to _____ Date of Injury: _____

The following questions should be filled out fully. Feel free to use the back of the
form if needed. You may also additional type and attach your responses if you
prefer.

Location Injured: (Country and Town/City) _____

(cont.)

How did the injury occur?

Injuries Sustained?

How do your injuries affect your sleep?

Anything else we should know about you or that you'd like to tell us?
(Community involvement, adaptive sports teams, hobbies, etc.)

Photograph Submission Form

Color Photograph on Quality Photo Paper Attached: _____ Yes _____ No

Photograph (.jpg format) submitted via email: _____ Yes _____ No
(Please print a copy of any photo's submitted – this can be on copy paper and printed in black and white. It will be used to match it to the .jpg file submitted electronically. This is the only part of the application that can be submitted electronically.)

Send the email to ann.mowrey@easyrest.com with the following in the subject line: **Beds For Our Troops Photograph – Last name, first name**

Email address photo submitted from: _____
Please print email address legibly

Date email with .jpg submitted: _____

Photograph Requirements:

- It can be your official military picture, a candid shot of you on deployment that you really like, a candid shot of you at home – it's up to you.
- The picture can be current or one taken prior to your injury.
- **DO NOT include a photo with other people as we do not have permission to use their likeness.**
- **We must be able to clearly see your face in the picture.**
- **Do not submit a photo with sunglasses or goggles or hats blocking your face. .**

I have read the photographic requirements above and have submitted a photograph that meets these requirements.

Signature

Date

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Authorization For Release of Medical Information

In order to be considered for this program we need to have confirmation that the person applying for the free adjustable bed through our Beds For Our Troops program has the documented need for the product and has served in the U.S. Military.

Please provide us with a contact person that can verify the medical need and military service. This can be a case worker or medical practitioner from any Veterans Administration Center, Hospital, Clinic, etc. It can also be a representative from a reputable Veterans Charity that has vetted the candidate for their organization and can attest to the claims and need of the applicant.

PLEASE PRINT NEATLY AND PROVIDE ALL REQUESTED INFORMATION!

Medical Provider's Name: _____

Title: _____

Organization: _____

Address: _____

Phone: _____ Email: _____

I, _____ give the above named reference permission to speak with a representative from Easy Rest Adjustable Sleep Systems, M&M Bedding, LLC, or Canal Works Advertising about my medical condition and military service with regards to being considered for the Beds For Our Troops free adjustable bed program.

Applicant Signature: _____ Date: _____

Social Media Information Form

Name of Applicant: _____

We're working hard to help our Veterans and grow our Company. The more we grow, the more we can give back! Please help us out with our Social Media efforts.

- **Facebook – Please like us on Facebook!** Share one of the links below with your facebook friends and ask them to like us and help spread the word by sharing the link too.
- **Twitter** – Follow us on Twitter! Tweet about our program and help us out by re-tweeting our tweets to your followers.
- **Pinterest** – Follow us on Pinterest! Pin our vet stories or our main Beds For Our Troops Page onto one of your boards. We pin our stories to our American Pride Board.
- **Blog – Are you a blogger?** Write a blog post about this program and encourage your readers to share your blog post on their blogs, facebook and twitter pages to help us spread the word. Please include a direct link to our Beds For Our Troops Page (<http://www.easyrest.com/why-us/giving-back/beds-for-our-troops>) to help people get right to the correct page.

You can find us on Social Media here:

Facebook: <https://www.facebook.com/pages/Easy-Rest/310736258972377?ref=hl>

Twitter: <https://twitter.com/EasyRestBeds>

Pinterest: <http://pinterest.com/easyrestbeds/>

I am on:

Facebook: _____ Yes _____ No

Twitter: _____ Yes _____ No

Twitter Name _____

Pinterest: _____ Yes _____ No

Google+ _____ Yes _____ No

Google + Name _____

I have a blog: _____ Yes _____ No

Blog Name: _____

Web address: _____

Other Social Media Platforms I am on:

(Continued)

My spouse/partner is on:

Facebook: _____ Yes _____ No
Twitter: _____ Yes _____ No
Twitter Name _____
Pinterest: _____ Yes _____ No
Google+ _____ Yes _____ No
Google + Name _____
I have a blog: _____ Yes _____ No
Blog Name: _____
Web address: _____
Other Social Media Platforms I am on:

If you or your spouse answered Yes to the above:

I have "Liked" Easy Rest on Facebook: _____ Yes _____ No
My spouse/partner has "Liked" Easy Rest on Facebook: _____ Yes _____ No

I have followed Easy Rest on Twitter _____ Yes _____ No
My spouse/partner has followed Easy Rest on Twitter _____ Yes _____ No

I have followed Easy Rest on Pinterest _____ Yes _____ No
My spouse/partner has followed Easy Rest on Twitter _____ Yes _____ No

I would be willing to write a blog post about Easy Rest on my blog
_____ Yes _____ No
My Spouse/partner would be willing to write a blog post about Easy Rest
_____ Yes _____ No

Signature of Applicant: _____