



Release Form

I hereby grant Healthy Allegan County Coalition (aka HACC) and its members' permission to use my likeness in a photograph and my written or verbal testimony in any and all of its publications, including website entries, without payment or any other consideration.

I understand and agree that these materials will become the property of Healthy Allegan County Coalition and will not be returned.

I hereby irrevocably authorize Healthy Allegan County Coalition to edit, alter, copy, exhibit, publish or distribute this photo or testimony for purposes of publicizing Healthy Allegan County Coalition's programs or for any other lawful purpose. In addition, I waive the right to inspect or approve the finished product, including written or electronic copy, wherein my likeness or testimony appears. Additionally, I waive any right to royalties or other compensation arising or related to the use of the photograph or testimony.

I hereby hold harmless and release and forever discharge Healthy Allegan County Coalition from all claims, demands, and causes of action which I, my heirs, representatives, executors, administrators, or any other persons acting on my behalf or on behalf of my estate have or may have by reason of this authorization.

I am 21 years of age and am competent to contract in my own name. I have read this release before signing below and I fully understand the contents, meaning, and impact of this release.

(Signature) (Date)

(Printed Name) (Date)

If the person signing is under age 21, there must be consent by a parent or guardian, as follows:

I hereby certify that I am the parent or guardian of _____, named above, and do hereby give my consent without reservation to the foregoing on behalf of this person.

(Parent/Guardian's Signature) (Date)

(Parent/Guardian's Printed Name)