

## RELEASE FORM

I GIVE PERMISSION FOR THE FOLLOWING INFORMATION TO BE PUT IN **NAME** PUBLICATIONS AND ON THE **NAME** WEBSITE. THE SIGNATURE BELOW RELEASES **NAME** FROM ANY LIABILITY THAT MAY ARISE.

NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY/STATE/ZIP \_\_\_\_\_

TELEPHONE NUMBER (\_\_\_\_\_) \_\_\_\_\_

E-MAIL ADDRESS \_\_\_\_\_

REGION \_\_\_\_\_

ROLE (check one):

REGIONAL COORDINATOR \_\_\_\_\_

STATE REP. \_\_\_\_\_ WHICH STATE \_\_\_\_\_

OTHER \_\_\_\_\_ Please Specify (e.g. Newsletter Editor, Welcome Chair) \_\_\_\_\_

SIGNATURE \_\_\_\_\_

DATE: \_\_\_\_\_

Please return this form as soon as possible to the current RC Liaison