AUTHORIZATION AND RELEASE

(Minors)

I _____*(Parent or Guardian)* hereby grant LifeShare Blood Centers permission to publish, copyright, display, broadcast, telecast or otherwise use the name, picture, or other likenesses of _____ *(Minor)*, any medium minor created in a contest and biographical data concerning him/her, in whole or in part. I hereby waive any right to inspect and/or approve the finished product or the advertising copy that may be used in conjunction therewith, or the use to which it may be applied.

I consent to the use of the material for the purposes of education, training, publications, publicity, exhibitions, promotions and/or advertising as LifeShare Blood Centers may see fit, without limitation or restriction, and I hereby release LifeShare Blood Centers from any and all liability in connection with use of this material.

This authorization will expire on _____.

I understand that I may revoke this authorization at any time by notifying LifeShare Blood Centers in writing, but that any revocation will not have effect on any actions taken by LifeShare before they received the revocation.

_____ Date:_____

Signature of Parent or Guardian (State relationship)

_____ _____

Printed Name Witness Signature

Address: _____ _____

Witness – Printed Name

_____

_____