RELEASE AND VERIFICATION

Release

I _____ give my consent to the Service Employees International Union, Change to Win, CLC, including all its Locals and Affiliates, (collectively, the "Union") to use and publish the information I have provided to the Union. I give the Union my permission to use and publish my name, photograph, videotape, and/or any statements I have made to the Union. The Union has my permission to publish this material in print, on the Internet, over TV and radio, or through any other media. I waive any right that I may have to inspect or approve any finished products incorporating this material. I agree to release the Union from all liability and any claims that I may have arising out of the use, publication, or disclosure of this material. If I have provided my photograph and/or videotape, I further grant permission for the Union to copyright this material, and I release the Union from any liability arising from any blurring, distortion, alteration, optical illusion, or composition of my photograph or videotape.

Verification

I am at least 18 years of age and have every right to grant these permissions and releases in my own name. I have read and reviewed this Release and Verification. I confirm that all information in the material that I have provided to the Union is true and accurate, to the best of my knowledge.

Print Name: _____

Signature: _____

Date: _____

Contact Information (Optional)

Phone Number: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Email Address: _____

Witness

Organizer's Name: _____

Organizer's Signature: _____ Date: _____

If the individual is under age, this form must be signed by a parent or guardian.

I hereby certify that I am the parent or legal guardian of _____, the minor named above. I grant all the above-mentioned permissions and releases, on behalf of the named minor, without any reservations.

Name of Parent/Guardian: _____

Signature: _____

Date: _____