THE SUBJECT(S) OF THESE ARTICLES HAVE COMPLETED AND SIGNED THE FOLLOWING *AUTHORIZATIONS TO PUBLISH, REPRODUCE, USE, AND SHARE.*

THE ORIGINAL AUTHORIZATIONS ARE ON FILE WITH THE GLOBAL NETWORK FOR BLOOD DONATIONS, A ROTARIAN ACTION GROUP (contact lifestory@ourblooddrive.org)

AUTHORIZATION TO PUBLISH, REPRODUCE, USE AND SHARE

I authorize the Global Network for Blood Donation, a Rotarian Action Group ("GNBD") to publish, reproduce, use, and share with others my story and picture in any medium for the purpose of promoting blood donation, and I authorize any others to use the story and image for the same purpose.

Signed: _____ _____, 20_____.
[Month] [Day]

_____
Signature

Printed Name_____

Address_____

City, State or Provence _____

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IF A MINOR CHILD IS FEATURED

AUTHORIZATION TO PUBLISH, REPRODUCE, USE AND SHARE - MINOR CHILD'S STORY

I authorize the Global Network for Blood Donation, a Rotarian Action Group ("GNBD") to publish, reproduce, use, and share with others my minor child's story and picture in any medium for the purpose of promoting blood donation, and I authorize any others to use the story and image for the same purpose.

Signed: _____ _____, 20_____.
[Month] [Day]

Child's Name (please print)_____

Parent's Signature:_____

Printed Name_____

Address_____

City, State or Provence _____

Country_____

SIGNED AUTHORIZATION ON FILE