



## The Vital Pair - Information Release Form

**Participant Name:** \_\_\_\_\_

**Parent/Guardian (if under age 18):** \_\_\_\_\_

**Email:** \_\_\_\_\_

**Phone:** \_\_\_\_\_

### **Authorization to Release Information**

I hereby authorize **The Vital Pair**, its owners, representatives, and media partners to use, disclose, or publish information I voluntarily provide; including but not limited to:

- Personal stories or experiences
- Quotes or statements
- Written submissions
- Interview Responses
- Testimonials
- Any other information I choose to share

This information may be used in:

- Blog posts
- Website Content
- Social Media
- Podcasts
- Videos or Interviews
- Marketing or promotional materials

### **Purpose of Release**

I understand that my information may be used for educational, promotional, storytelling, or community-support purposes as part of **The Vital Pair** brand and its content.

### **Voluntary Participation**

I understand that providing information is completely voluntary, and I may decline to answer any question or

withdraw from participation at any time. Withdraws must be submitted in writing, and do not apply to content already released or published.

### **Privacy and Identification**

I authorize **The Vital Pair** to use my information in one of the following ways (check one):

- ☐ Full Name Use
- ☐ First Name Only
- ☐ Anonymous/No Name Used

I understand that even if my name is omitted, certain personal details may still make my story recognizable.

### **Release of Liability**

I release **The Vital Pair**, its owners, and partners from any liability or claims resulting from the authorized use of my information, including but not limited to claims of privacy violation, misrepresentation, or emotional distress.

### **Certification and Signature**

By signing below, I confirm that I am 18 years old OR I am the legal parent/guardian of the minor named above.

I have read and understand this Information Release Form and voluntarily agree to its terms.

**Participant Name:** \_\_\_\_\_

**Participant Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**Parent/Guardian Name:** \_\_\_\_\_

**Parent/Guardian Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_