



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: _____