| I, | (please print), |
|---|--|
| grant permission to the American Trauma Society and its agents and employees the irrevocable | |
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| members of my family, for the purpose of publication, promotion, illustration, advertising, or | |
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| name, for the purpose of advertising and publicity without restriction. I waive my right to any | |
| compensation. | |
| I acknowledge that I am | over the age of 18 |
| | [] the legal guardian of the following |
| | |
| If legal guardian of participant(s), please list name(s) here: | |
| | |
| Name(s): | |
| Signature: | Date: |