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I understand that I have a right to revoke this authorization at any time. I understand that if I revoke this authorization, I must do so in writing and present my written revocation to Gauches Unite Inc. I further understand that the revocation will not apply to any health information that has already been released in response to this release.

I am of full age and have read this release and am fully familiar with its contents. By their signature below, a minor's parent(s) or legal guardian(s) indicate, on behalf of their minor child, their full and unqualified consent to the terms of this Release & License.

Name: _____ Age (if minor): _____

Signature (not required if minor): _____ Date: _____

Name of Parent(s)/Guardian if Minor: _____

Signature of Parent/Guardian if Minor: _____ Date: _____

Address: _____ Phone No. _____

I wish to remain anonymous and prefer that my name not be disclosed. I do understand that this will prohibit Gauches Unite from promoting any fundraising activities that I have planned now or in the future and that it may decrease the ability of Gauches Unite to raise funds for my cause.

Signature _____