

Michigan Good Sam Organization Release Form

This form gives permission to publish potentially personally identifiable information on the Michigan Good Sam website (www.michigangoodsam.org).

Name of person authorizing releasing of information: _____

Information to be published:

Address: _____

Phone: _____

Other: _____

I, _____ authorize the Michigan Good Sam organization to publish the above information on the Michigan Good Sam website. I affirm that I completely understand all risks associated with publishing this information, which can include - but not limited to; spam email and US mail, identity theft, and nuisance telephone calls. I release the Michigan Good Sam organization, it's officers, and webmaster from any and all liability associated with the publishing of this information.

I may revoke this permission at any time in writing to the Michigan Good Sam organization.

Signed: _____ Date: _____