

RELEASE FORM

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I hereby grant the West Virginia WIC Program and their licenses, agents, successors and assigns the right to use my written comments and name in promotional material and publications.

On my own behalf, and on the behalf of my heirs, next of kin, executors, administrators, successors, and assigns, I hereby release the West Virginia WIC Program, its employees, the director and all their agents from any and all claim, liability and damages arising out of the rights granted hereunder, or the exercise thereof.

WIC Participant (infant/child) Name(s): \_\_\_\_\_

\_\_\_\_\_

WIC Payee/Parent/Guardian Name: \_\_\_\_\_

WIC Payee/Parent/Guardian Signature: \_\_\_\_\_

I am over 18 years of age. Yes \_\_\_\_\_ No \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Telephone Number: \_\_\_\_\_

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