



**COMMUNITY CARE'S**

**COMMUNITY TRAILBLAZERS STORY COMPETITION RELEASE**

I, \_\_\_\_\_, authorize and those acting on its behalf to use my story and/or photograph that I voluntarily submitted in response to the 2016 Trailblazer Story Competition. Community Care Management Corporation is entitled to edit, copy, adapt, or translate the contribution.

I understand the story might be shared online or in person. I understand that the use of my story is not guaranteed and that there will be no compensation for use of my information. I waive any right to inspect or approve products that use my story and/or image. I agree to save harmless and those acting on its behalf from any liability, including claims for invasion of privacy.

\_\_\_\_\_  
Name (Print)

\_\_\_\_\_  
Signature of Subject

\_\_\_\_\_  
Date

\_\_\_\_\_  
Phone Number

\_\_\_\_\_  
Email Address

\_\_\_\_\_  
\_\_\_\_\_  
Mailing Address

