



The Piggyback Foundation

Carrying Families Through Times of Need Since 2007

To be completed by applicant & returned to the Piggyback Foundation with the application

Authorization to Release Information

Whereas, the person/persons signing below, authorizes The Piggyback Foundation to release certain confidential information and photographs relating to his/her battle with a life-threatening illness, for the general purpose of informing and promoting the cause of The Piggyback Foundation, a nonprofit corporation according to the laws of the State of Ohio. This may include the use of photographs and information on the foundation's website and printed material. This confidential material will only be used to inform and educate our donors of the circumstances and the level of support provided to the family, from the foundation.

Whereas, The Piggyback Foundation agrees to otherwise hold such information confidential pursuant to the terms of this Agreement.

1. The Piggyback Foundation agrees to hold all confidential information in trust and confidence and agrees that it shall be used only for the contemplated purposes, shall not be used for any other purpose, or disclosure to any third party.
2. Confidential information shall not be disclosed to any third party unless they agree to execute and be bound by the terms of this Agreement and have been approved by at least one family member.
3. This Agreement and its validity, construction and effect shall be governed by the laws of the State of Ohio.
4. Please check if willing to be contacted to speak at fundraising events on behalf of the Foundation

Agreed and accepted by: (if minor parent/legal guardian)

By: _____ Printed Name: _____

By: _____ Printed Name: _____

P.O. Box 436, Norwalk, Ohio 44857

419-577-1932

www.thepiggybackfoundation.org