



## Testimonial Permission Form

I authorize Team River Runner to use my personal testimonial/story in pursuit of their mission to provide health and healing for military injured, active duty, veterans, and disabled members of our community through therapeutic kayaking.

I understand that my story/testimonial may be used for promotional materials including newsletters, flyers, posters, brochures, fundraising letters, annual reports, press kits and submissions to journalists, websites, social networking sites and other print and digital communications. Additionally, I waive any right to royalties or other compensation arising or related to the use of my testimonial/story.

### Testimonial/Story to be used:

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We will only use your first name, city and state. If we can use your age, please add it here: \_\_\_\_\_

\* Your contact information is only used to contact you regarding the use of your story and testimonial. You will not be added to any email/calling lists. For more information regarding the use about the organization's use of personal stories and testimonials, please contact us at [info@teamriverrunner.org](mailto:info@teamriverrunner.org).

### Contact Information and Signature \*

|                                  |                              |       |
|----------------------------------|------------------------------|-------|
| First Name:                      | Last Name:                   |       |
| City:                            | State:                       |       |
| Phone:                           | Email:                       |       |
| Signature:                       |                              | Date: |
| Parent or Legal Guardian's Name: | Parent/Guardian's Signature: |       |