



Recycling Coalition of WV, Inc.

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wvrecycles.org

RELEASE FORM

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Designer Name _____ Designer Signature _____

Designer Date of Birth _____ Email _____

Designer Address _____ Designer Daytime Phone _____

City, State, Zip _____

Model Name _____ Model Signature _____

Model Address _____ Model Daytime Phone _____

City, State, Zip _____ Email: _____

IF MODEL OR DESIGNER IS UNDER 18

Guardian Name: _____

Guardian Signature for Designer: _____ Date _____

Guardian Signature for Model: _____ Date _____

Would the designer like to donate this item for a future promotional display? Yes No

Contributing Members

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