



**Small Victories
Foundation**

Media Release Form

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____ I am the legal guardian or attorney-in-fact under a durable power of attorney of the below named incapacitated individual. I have read this release before signing below, and I fully understand the contents, meaning and impact of this release. I understand that I am free to address any specific questions regarding this release by submitting those questions in writing prior to signing, and I agree that my failure to do so will be interpreted as a free and knowledgeable acceptance of the terms of this release.

Date: _____

Name (please print): _____

Address: _____

Signature: _____

(Signature of legal guardian:) _____