

Laura Recovery Center Consent and Release Form

By my signature below, I authorize the Laura Recovery Center and its authorized agents and volunteers to assist in the the search for the following missing person:

(please print the missing person's name)

Consent is hereby granted to the Laura Recovery Center to use photographs of the missing person along with details concerning the disappearance and search for them. The Laura Recovery Center may use the photographs and details on local and national television, newspapers, flyers, posters, magazines, electronic bulletin board systems, the internet, or other distribution sources. I agree to be responsible for posting of flyers about the missing person and to remove flyers within 10 days of recovery.

I have given and will continue to provide complete and accurate information to the Laura Recovery Center about this missing person. I consent to the investigation and confirmation by the Laura Recovery Center of all information that I have given or will give to assist in the recovery of the missing person. I understand that the Laura Recovery Center is under no obligation to continue assisting in this search.

I agree to release the Laura Recovery Center, its directors, officers, employees, volunteers, and authorized agents from any and all liability claims, and causes of actions which may result or arise from the release of photographs and details concerning the missing person.

I understand that the registration of the missing person with the Laura Recovery Center in no way guarantees the location of the missing person.

I agree to contact the Laura Recovery Center at 281-482-5723 within 12 hours of the location of the missing person.

Signed: _____ LRC: _____

Date: _____ Date: _____

(Please sign and FAX to: 281-482-5727)