My Sister's Closet Waiver for Use of Story on Website and Other Publications

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____(home) _____ (other: work/cell)

Email: _____

By signing below, I grant My Sister's Closet, Inc. an unrestricted exclusive license—for copyright and all other purposes—in the words I have written about my experiences with My Sister's Closet, Inc. ("Story"). By my signature, I also grant My Sister's Closet, Inc. permission to use my name and image on its website and any other publications it may produce.

By signing below, I agree that if my Story is used, all rights to my Story — including all copyright interests — will remain the sole and permanent property of My Sister's Closet, Inc..

Signature(s) required under A. or B.

A. I am 18 years of age or older and agree to the terms above.

_____ _____
Signature Date

B. I am not yet 18 years of age, and the signature of my parent or legal guardian appears below.

_____ _____
Signature Date

C. I am the parent or legal guardian of the applicant, who is not yet 18 years of age, and on the applicant's behalf I agree to the terms above.

_____ _____
Signature Date

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Please drop off or mail this waiver form, along with success story, to the MSC Store location:
1010 S. Walnut St.
Bloomington, Indiana 47401