

RELEASE AND AUTHORIZATION FOR USE OF NAME

Release executed by (name - please print) _____

(address) _____

herein referred to as "Originator" in favor of the Joint Commission on Allied Health Personnel in Ophthalmology®·2025 Woodlane Drive, St. Paul, Minnesota 55125-2995, herein referred to as "JCAHPO"®.

In consideration of Originator's goodwill toward JCAHPO, Originator hereby consents to provide use of Originator's name, and hereby authorizes JCAHPO to cause the same to be published, with or without any subject matter of JCAHPO.

Originator hereby releases JCAHPO and JCAHPO's officers, directors, committee members, employees and agents, as well as any assignees, from any and all claims for damages for libel, slander, invasion of privacy, or any other claim based upon use of the above-described material.

In witness thereof, Originator executes this release on the day and year written below.

Date

Signature of Originator



Please complete both sections



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