



AUTHORIZATION TO RELEASE PERSONAL INFORMATION

I _____, hereby authorize Logistics Health Incorporated (LHI) to release my personal information to include: personal home phone, personal mobile phone and/or personal email to other group event personnel.

I understand the purpose of my personal information being released to other event personnel is so they may contact me for LHI group event communication and/or coordination.

If I am scheduled for an event located on a military installation, I further authorize LHI to release my social security number, driver's license number and date of birth to authorized security personnel located at various U.S. Government military installations for group events I am scheduled to attend. The military installation conducts an additional background check prior to clearance of any non-military individual. This information is a requirement established by security personnel at each military installation for subcontractors to grant them access to the military location so the subcontractors can provide medical and/or dental services to Service members.

I hold harmless LHI from any liability that arises from providing this information other than liability created by LHI's gross negligence or willful misconduct.

This authorization will remain valid until I submit a written and signed revocation to LHI.

Driver's License Number

Driver's License State

Expiration Date

Printed Name

Signature

Date