



HGRRC Contact Sharing Form

1. I agree to share my email address & phone number with members of HGRRC, for communication and contact tracing purposes only.
2. I agree to the disclosure of contact name & number(s), to be used by HGRRC members only in the case of an emergency.
3. I agree that the HGRRC Image Consent and Contact Sharing Consent will remain in effect in perpetuity; however, consent may be withdrawn by the Participant by the Participant notifying HGRRC of such withdrawal in writing.
4. **I UNDERSTAND AND AGREE**, that I have read and understood the terms and conditions of this document.

Signed at this _____ day of _____, 20__.

Print Name of Participant: _____

Signature of Participant: _____

Signature of Parent/Guardian (if Participant is younger than the age of majority):
