

CONSENT AND WAIVER FORM

In the matter of _____ in the County of _____, North
Carolina concerning the named defendant _____

be it hereby known that said defendant has agreed to the following:

CONSENT AND WAIVER

I HEREBY AUTHORIZE SEBASTIAN THOMPSON OR RUDY GONZALES AND/OR HIS AGENTS TO USE MY NAME, DATE OF BIRTH, PICTURE AND ANY OTHER IDENTIFYING INFORMATION ABOUT ME IN ANY MEDIA ADVERTISEMENT OR COMPUTERIZED NETWORK SYSTEM TO LOCATE ME IF I FAIL TO APPEAR AS REQUIRED OR FAIL TO ABIDE BY ANY OF THE TERMS AND CONDITIONS OF THE BAIL BOND. FURTHER, I AGREE TO HOLD HARMLESS SEBASTIAN THOMPSON OR RUDY GONZALES AND/OR HIS AGENTS FOR ANY DAMAGE TO MY REPUTATION OR OTHER CIVIL WRONG ASSOCIATED WITH RECAPTURING ME IF I FAIL TO COMPLY WITH EACH AND EVERY TERM OF THE BAIL BOND.

RELEASE OF INFORMATION

I HEREBY AUTHORIZE AND DIRECT MY RELATIVES, EMPLOYERS, BANKERS, THE FEDERAL SOCIAL SECURITY ADMINISTRATION, THE INTERNAL REVENUE SERVICE, STATE DEPARTMENT OF DISABILITY INSURANCE, THE UNITED STATES ARMED FORCES, THE STATE DIVISION OF MOTOR VEHICLES, ALL MUNICIPAL, COUNTY, STATE AND FEDERAL LAW ENFORCEMENT AGENCIES OR DEPARTMENTS, HOSPITALS, REHABILITATION FACILITIES, SUBSTANCE ABUSE PROGRAMS, COMPANIES, BUREAUS, CORPORATIONS, AGENCIES, REPOSITORIES, UTILITY OR TELEPHONE COMPANIES, MISCELLANEOUS PROVIDERS OR RETAILERS, EDUCATIONAL INSTITUTIONS, ORGANIZATIONS, OR ANY OTHER FACILITY OR PERSON FOR INFORMATION AS TO MY PERSON, WHEREABOUTS, OR BACKGROUND. I AUTHORIZE SEBASTIAN THOMPSON OR RUDY GONZALES AND/OR HIS AGENTS TO CONTACT ANY OF THE ABOVE FOR THE PURPOSE OF LOCATING ME FOR APPREHENSION, COURT APPEARANCE, SECURING REIMBURSEMENT OF ANY EXPENSES INCURRED AS A RESULT OF MY NONAPPEARANCE. I HEREBY RELEASE ANY OF THE ABOVE FROM ANY AND ALL RESPONSIBILITY AND LIABILITY. I FREELY AND VOLUNTARILY GIVE THIS AUTHORIZATION AND WAIVE MY RIGHTS WITH RESPECT TO ANY PRIVACY RIGHT INCLUDING HIPAA PRIVACY RULES AND STANDARDS, AND AUTHORIZE THE USE OF COPIES OF THIS DOCUMENT BY INVESTIGATORS, AGENTS OR AUTHORIZED REPRESENTATIVES OF SEBASTIAN THOMPSON OR RUDY GONZALES UNTIL I HAVE FULFILLED THE OBLIGATION OF THE ABOVE MENTIONED BAIL BOND. I AUTHORIZE MY BAILBONDSMAN OR HIS AGENTS TO OBTAIN CRIMINAL HISTORY AND PHOTOGRAPHS FROM FEDERAL, STATE, AND LOCAL AGENCIES. I AUTHORIZE ANY MEANS REQUIRED TO LOCATE ME INCLUDING GPS TRACKING VIA VEHICLE, CELL PHONE, OR OTHER DEVICES. THIS RELEASE WILL SUFFICE FOR RELEASE OF INFORMATION UNDER MY TRUE NAME OR ANY ALIAS I MAY USE. THIS RELEASE IS UNCONDITIONAL AND THE BEARER OF THIS RELEASE IS RELIEVED OF HAVING TO PROVIDE ANY PERSONAL IDENTIFICATION NUMBERS (PINS), SECRET QUESTIONS, OR OTHER IDENTIFYING VALIDATION TO ACCESS MY INFORMATION OR ACCOUNTS. I HAVE READ AND FULLY UNDERSTAND THE TERMS OF THIS RELEASE.

Defendant's Name (Printed)

Witness (Printed)

Defendant's Signature

Date

Witness Signature

Date