## **RELEASE FORM**

Name:	
Address:	
Phone:	Email:
Optional Information:	
Age:	Profession:
Written Testimonial:	
Release (required):	
	ion to Power Living Enterprises, Inc., to use my submitted at the total transfer of the submitted at the total transfer of the submitted at the total transfer of the transfer
Name of Participant (	please print):
Name of Participant (	Signature):
Date:	