

CONSENT TO USE NAME and MILITARY INFORMATION

I hereby grant the City of Rogers, MN permission to post my name and military information on the following:

City of Rogers, MN Veteran's Memorial

I understand and agree that this information will become the property of the City of Rogers, MN.

In addition, I waive the right to inspect or approve the finished product, including written or electronic copy, wherein my name and military information appears. I hereby hold harmless and release and forever discharge the City of Rogers, MN from all claims, demands, and causes of action which I, my heirs, representatives, executors, administrators, or any other persons acting on behalf of my estate have or may have by reason of this authorization.

I am 18 years of age or older and am competent to contract in my own name I have read this release before signing below and I fully understand the contents, meaning, and impact of this release.

Name: _____

Date of Birth: _____

Branch of Military: _____

Rank: _____

Conflict Served: _____

Dates of service: _____

Service Medals Received: _____

Home address and/or nearest cross street intersection **during time of service** (*must have been a resident of Rogers during your time of service*):

PLEASE ATTACH A COPY OF THE VETERANS' DISCHARGE PAPERS TO VERIFY MILITARY INFO.

Signature: _____ Date: _____

Contact #: _____

Contact Name: _____

Relation to Veteran: _____

OFFICE USE ONLY:

Received by City of Rogers, MN: _____

Added to War Memorial database: _____