



MISSING CHILDREN GLOBAL NETWORK AUTHORIZATION FORM - MCGN COPY

In an effort to locate my (____) Son, (____) Daughter, I hereby authorize Missing Children Global Network, Inc:

1- To publish the name, pictures and information of this missing person in any printed publications, Internet website, Television program, Radio program and any other public communication means.

2- To conduct a comprehensive investigation with the use of Private Investigators and in-house Special Investigators appointed by Missing Children Global Network.

3- I agree to participate in any Television, Radio and Internet broadcasting public programs coordinated by Missing Children Global Network during and after the investigation in order to locate the missing person and to help the community.

4- I acknowledge that all the investigative efforts and expenses performed by Missing Children Global Network are free of charge and that I will not make any payment, donation or accept any future obligation with the organization in relation with this investigation.

5- I release Missing Children Global Network, Inc, its members, associates, contractors, employees, insurers, directors and agents from any and all claims made by me or any third party in connection with this community service.

Missing Person Name: _____

Parent Name: _____

Parent Address: _____

Parent Signature: _____ **Date:** _____

Parent ID: _____

Parent Contact Phone Number: _____

MCGN Investigator: _____