

**National Stagecoach and Freight Wagon Association (NSFWA)
Vehicle Information Release Form**

I, _____, give permission to the NSFWA to publish the information and photos of my Yellowstone stagecoach.

I hereby authorize the National Stagecoach and Freight Wagon Association (NSFWA), here after referred to as NSFWA, a non-profit organization dedicated to the education, interpretation, and preservation legacy of commercial stagecoaches and freight wagons which were integral to the development of the western United States, to publish photographs taken of my Yellowstone stagecoach, accompanying gear (if applicable), and related information , for use in the NSFWA’s company publications, including but not limited to all NSFWA’s printed and digital publications.

I hereby authorize NSFWA to edit, alter, copy, exhibit, or publish photographs of and information about my Yellowstone stagecoach and accompanying gear for the purpose of publicizing NSFWA’s programs or for any other related, lawful purpose. In addition, I waive the right to inspect or approve the finished product, including written or electronic copy, wherein photographs of and information about my Yellowstone stagecoach and accompanying gear appear.

I acknowledge that since my participation with NSFWA is voluntary, I will receive no financial compensation arising from or related to the use of the photograph of or information about my Yellowstone stagecoach and accompanying gear.

I hereby release NSFWA, its contractors, its employees, and any third parties involved in the creation or publication of marketing materials from liability for any claims by me or any third parties in connection with my participation.

**If you do not want your name published, please write “Private” on the owner line, the coach serial number(s) and simply label the state where the coach is located.*

Published Information:

Name of Owner*: _____

Location of Coach*: _____

Name of Coach: _____

Serial # of Body: _____

Serial # of Running Gears (if different than Body #) _____

AUTHORIZATION

Information for NSFWA Only:

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____

Email: _____

X _____

Signature for Release of Information

Date