The Operation IMPACT Tour Amendment A: In-Kind Receipt

Contributor Information

Name of Business	or Individual:		
Name of Primary C	ontact:		
Address:			
City:		Si	tate: Zip Code:
Telephone:		Email:	
	Contribut	ted Goods or Ser	<u>vices</u>
Description of Con-	tributed Goods/Servic	ees:	
Real or Estimated	Value of Contributions	s: \$	
How was the value	determined?:	Actual Value	Appraisal Other
If other, please exp	lain:		
	ue Determination?: _ ed over \$5000 non-ca		
Is there a restrictio	n on the use of this co	ontribution?:	No Yes
If yes, what are the	restrictions?:		
Was this Contribut	ion Obtained with or	Supported by Federa	1 Funds?: No Yes
If yes, please provid	de the name of the Fed	deral Agency and the	grant or contract number:
Signature of Contri	butor	Date Contributed	
OFFICE USE ONLY Person Receiving G	oods or Services on B	ehalf of FACE OF ILI	NESS CO-OP
Print Name/Signat ACCOUNTING USE ON \$			Time/Date Received
Value Recorded	IRS 8283 Filed	OI Location	Date Entered/By

FACE OF ILLNESS CO-OP, State of Nevada 501(c)(3) EIN 92-3966987, 2350 S Jones Blvd, STE C-1, Las Vegas, NV 89146 - (702) 720-6268

The Operation IMPACT Tour Amendment B: Media Release

I,, grant permission to, hereinafter
I,, grant permission to, hereinafter known as the "Media" to use my image (photographs and/or video) for use in Media publications including:
(Check All That Apply)
□ Videos □ Email Blasts □ Recruiting Brochures □ Newsletters □ Magazines □ General Publications □ Website and/or Affiliates □ Other:
I hereby waive any right to inspect or approve the finished photographs or electronic matter that may be used in conjunction with them now or in the future, whether that use is known to me or unknown, and I waive any right to royalties or other compensation arising from or related to the use of the image.
Please initial the paragraph below which is applicable to your present situation:
I am 20 years of age or older and I 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. I understand that I am free to address any specific questions regarding this release by submitting those questions in writing prior to signing, and I agree that my failure to do so will be interpreted as a free and knowledgeable acceptance of the terms of this release.
I am the parent or legal guardian of the below named child. I have read this release before signing below, and I fully understand the contents, meaning and impact of this release. I understand that I am free to address any specific questions regarding this release by submitting those questions in writing prior to signing, and I agree that my failure to do so will be interpreted as a free and knowledgeable acceptance of the terms of this release.
Signature: Date:
Name (please print):
Address:
City: State: Zip:
Signature of parent or legal guardian:(if under 18 years of age or under legal guardianship)

The Operation IMPACT Tour Amendment C: Submission of Content 30-Days Prior to Event

Thank you for your participation agreement in the Operation IMPACT Tour. Your expertise and knowledge are a vital part in community development, growth, and economic impact. It is the mission of Operation IMPACT for you to have as successful of an event as the attendees. You are given the freedom to "sell from the stage" and offer free items and/or volunteer your time to provide additional training or services to the community. Should you elect to have any additional material in your presentation, please submit your digital documents and images no later than 30-days prior to the event so that they can be checked for AV compatibility, run time, quality, and potential conflict of interest with the 501(c)(3) IRC 701b codes.

Please submit the following items via email to <u>info@operationimpacttour.org</u> and <u>nsamuda@operationimpacttour.org</u>:

- PowerPoint Presentation (if applicable)
- o Introduction Bio for your stage entrance
- o Bio for digital and print media
- o High resolution headshot
- o High resolution business logo
- o Business/Speaker Contact Information for advertising
- Social media links
- o IRS Form 8283 for any donated item over \$5000

Location:	
Date of Event:	
Length of Presentation:	
Topic Title:	
Additional Add-On Sponsorship Items (Vendor	Table, Advertisement, etc.):
Signature	Date
Name	-
OFFICE USE ONLY:	
Date Received:	Received By: