This document is intended to provide authorization for the following SWR Institute members: ____________________________________________

______________________, to submit documents to SWR Institute for the project identified as: ________________________ (the “Project”), for the SWR Institute Trinity Project Awards Program, the terms and conditions of which are attached hereto and incorporated herein by reference (the “Program”).

The Program requires the SWR Institute members identified above to obtain signed authorizations from all necessary parties to allow the members to submit Project documents and to otherwise consent to the submission of the Project for consideration under the Program.

The undersigned further agree that the Project documents submitted for the Program:

• Will be copied and submitted to SWR Institute for consideration under the Program;
• May be displayed at SWR Institute conventions;
• Can be reprinted in whole or in part in any form of media by SWR Institute for the purposes of illustrating the project;
• Will not be returned and will ultimately be destroyed(recycled).

The undersigned agree that they are authorized to allow the SWR Institute members to submit Project documents to SWR Institute under the Program and the undersigned further agree to abide by the terms of the Program.

Owner Name (Please Print) ____________________________  
Name of Person Signing ____________________________  Title ____________________________
Signature ____________________________  Date ____________________________

General Contractor Name (Please Print) ____________________________  
Name of Person Signing ____________________________  Title ____________________________
Signature ____________________________  Date ____________________________

Contractor Name (Please Print) ____________________________  
Name of Person Signing ____________________________  Title ____________________________
Signature ____________________________  Date ____________________________

Manufacturer Name (Please Print) ____________________________  
Name of Person Signing ____________________________  Title ____________________________
Signature ____________________________  Date ____________________________

Associate Name (Please Print) ____________________________  
Name of Person Signing ____________________________  Title ____________________________
Signature ____________________________  Date ____________________________