



## Authorization to Share Access / Release of Liability

Print this completed form, sign, and FAX it to HIS at 888-628-3121 or 536-6499  
(Or [mail](#) it to us, if you prefer)

### AUTHORIZATION TO SHARE ACCESS / RELEASE OF LIABILITY

I authorize the staff of the \_\_\_\_\_ Board of Realtors® to share my user name/password for the purpose of adding or changing listing data submitted by me to the HIS Service. I am aware that sharing my user name and password with the staff of the above-named Board of Realtors allows said staff to access and change my entire listing inventory.

I agree to be responsible for all data entered/added/changed by the staff of the above named Board and to indemnify and hold HIS and its officers, directors, employees, agents, representatives, licensors and shareholders harmless from and against any and all liability, damages, loss or expense (including reasonable fees of attorneys and other professionals) arising from any claim, demand, action or proceeding initiated by any third party against any of them based upon any inaccuracy of any listing information entered/added/changed or supplied to the HIS Service by the staff of the above named Board using my user name and/or password for the purposes of data entry.

\_\_\_\_\_  
Firm Name

\_\_\_\_\_  
Name of Principal Broker (print)

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

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