

TORCH Media Release Form

I, the undersigned, hereby authorize the Trinity Out-Reach Center of Hope to photograph me, take motion pictures of me, take video footage of me, and/or make electronic sound recordings of me. (herein referred to as photographic or electronic reproductions).

I authorize the use of any such photographic or electronic reproductions of me for any purpose, including, but not limited to educational and other public media as maybe deemed appropriate by the Trinity Outreach Center of Hope (I understand that I may be identifiable from such photographic or electronic reproduction.)

I authorize TORCH to use information about my case or my story for any purpose, including, but not limited to educational and other public media as may be deemed appropriate by the Trinity Outreach Center of Hope. (I understand that I may be identifiable from this information.)

I am signing this form as a representative of a group, and have full authority to grant release for this group.                      Yes \_\_ No\_\_

Names: \_\_\_\_\_  
\_\_\_\_\_  
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\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Signature of Applicant/Parent/Guardian

\_\_\_\_\_  
Date