



**Arms of Hope
Video/Photo Release Form**

I (or my minor child) have voluntarily been filmed and/or photographed by staff members and/or volunteers of Arms of Hope and I give permission for Arms of Hope to use this footage and/or photographs to show it to individuals, groups or give it to people to watch or see, in order to inform people about the work of the Arms of Hope organization.

Signature of Participant

Date

Printed Name of Participant

Signature of parent or guardian (if participant under 18)

Date

Printed Name of parent or guardian

Address

City/State/Zip

Witness

Date