



TESTIMONY & PHOTO RELEASE FORM

I hereby give permission and release the Allentown Rescue Mission (ARM) to use any/all of the following without compensation or any obligation to me:

- My personal interview
- My personal testimony
- My first name
- My voice
- Video of me
- Pictures of me

This includes the use of any filmed or taped interviews and photographs provided by me or produced by or for ARM.

I understand that ARM may decide to utilize this material more than once for any:

- television programs
- printed materials
- web content
- marketing campaigns
- &/or other media

I understand that any materials I provide will not be returned to me.

I understand that I have given this interview and/or testimony and materials voluntarily and of my own free will. To the best of my knowledge and ability, I have accurately presented the facts and information as they occurred.

I grant the editors the right to edit, delete, rearrange, or condense the material at their discretion.

I grant continued use of these materials until such time that I have notified ARM, by registered mail, to discontinue use.

I hereby certify that I am of sound mind and I am at least 18 years old (the legal age of responsibility).

Print Name: _____

Date: _____

Signature: _____