**ON CAMERA RELEASE FORM**

I hereby grant the administrator of the OCOF program the right to use my name, likeness, and voice in

a videotaped production or still photographs to promote or inform the public about the program.

The release shall extend to any and all remarks and reissues of the video production or photographs,

and to any and all phases of the utilization of this videotape/photographs including publicity, advertising

and marketing.

I hereby represent and certify that I have read this release and fully understand the meaning and effect

of this document.

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Signature of Team Member Date

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Signature of Team Member Date

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Signature of Team Member Date

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 Name of Congregation or Organization Date

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Witness Signature Date