

Paragon Films For Christ Charitable Trust

Name (Requestor) _____ Date of Request _____

Name (Recipient) _____ Are they aware of the request? _____

Address (Location of Delivery) _____

Phone Number (Requestor) _____ Phone Number (Recipient) _____

Amount Requested _____ or Item(s) Requested/Needed _____

Are there funds being donated from another source? _____ Is there a matching funds option? _____

When is donation needed? _____ Is donation time sensitive? _____

Reason for Request (Please write a brief summary of situation)

Other Comments

Mail: P.O. Box 690473, Tulsa, OK 74169
Email: paragontrust@paragonfilms.com
Fax: 918-250-4083

The Paragon Films for Christ Charitable Trust (the "Trust")

Optional Release

Please complete both Part 1 and Part 2 and sign below. Your choices will not impact your application.

Part 1: Photos/Video

Please select Yes or No below to tell us whether the Trust may use photographs/video of you.

_____ NO, I do not want the Trust to use my images.

_____ YES, I agree to allow the Trust to use my images as described below.

Part 2: Your Name

Please select Yes or No below to tell us whether the Trust may identify you by name.

_____ NO, I do not want the Trust to use my name.

_____ YES, I agree to allow the Trust to use my name as described below.

If checked yes above, I give the Trust permission to use my name, discuss, record, photograph and/or video tape me or my likeness in connection with its related media, publicity, social media (such as Facebook), website and similar public forums. I further grant to Paragon all rights to copyright, use and publish such recordings, photographs and/or videotapes in any form with my own name for any lawful purpose without prior examination or approval by me. I release Paragon from any and all claims and liability related to the use of my name, photographs, video or any other content, including without limitation, any claims based on libel, the right of publicity or privacy. This release shall be binding upon me, my heirs, legal representatives and assigns. This release shall remain in effect until I provide written notice to the Trust. I understand that I cannot revoke this release with respect to records, photographs, videos, or other media published that were previously published with my permission.

Signature: _____

Printed Name: _____

Date Signed: _____