

**Paragon Films For Christ Charitable Trust  
PO Box 690473, Tulsa, OK 74169**

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)

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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: \_\_\_\_\_