



Media Release for Smoky Mountain Outreach

I, _____, hereby give consent to Forge
and give them the right to make any recordings of me in the form of photographs, video or audio
recordings. The recordings can be used presently and in the future with no purpose or time
limitation. I further give consent for my identity to be released in association with the recordings
made of me. I understand there will be no compensation made to me for use of the material. I have
read and understand the content of this release.

Smoky Mountain Outreach Participant Signature:

Date:

Parent/Legal Guarding Signature (if required):

Date: