



HOPECHANNEL[®]

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Adventist Media Network

FILMING CLEARANCE PERMISSION

I, the undersigned, give permission for my face, person and voice to be video-recorded and audio-recorded by the Adventist Media Network.

I understand that this permission only applies to the date of the signing of this Permission.

I understand that the recording is made for the purposes of radio and television broadcast as well as online web-based content.

I understand that I will not be misrepresented by Adventist Media Network in terms of how recordings of my face, person and voice are used.

Signed.....

Date

Name (printed)

If signatory above is under 18 years old, a parent or adult responsible for the young person should also sign below.

Signed.....

Date

Name (printed)