



**PROVIDENCE WOMEN'S RECOVERY**  
AN OUTREACH OF PROVIDENCE MINISTRIES  
711 SOUTH HAMILTON STREET DALTON, GA 30720

**AUDIO/VIDEO RECORDING RELEASE**

**IMPORTANT:**

I understand that in order to ensure the safety of all people on Providence Women's Recovery & Providence Ministries, Inc. properties, as well as the security of Providence Women's Recovery & Providence Ministries, Inc. facilities, that Providence Women's Recovery & Providence Ministries, Inc. conducts ongoing video and audio surveillance of various portions of its properties, campuses, and premises at all times. I understand that the only exception to this ongoing video and audio surveillance is private areas including, but not limited to, bedrooms, restrooms, showers, and dressing rooms, etc. I understand that video cameras with audio capabilities will be positioned in appropriate places within and around all Providence Women's Recovery & Providence Ministries, Inc. properties and used in order to help promote the safety and security of all people and property. I hereby give my acknowledgement, consent, and understand that such video and audio surveillance is in process during my time on any Providence Women's Recovery & Providence Ministries, Inc. property.

**Print Full Name:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

**Sign Full Name:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

I also understand that Providence Women's Recovery will protect my confidentiality and identity and will not use my image, photograph, picture, likeness, or voice by any technology, media, print, and/ or other means without my written consent. Should I be asked or choose to allow my image, photograph, picture, likeness, or voice by any technology, media, print, and/ or other means in connection with the promotion of Providence Women's Recovery & Providence Ministries, Inc.'s programs, events, or educational or promotional materials, I understand and agree that I will not receive compensation, now and/or in the future, in connection with Providence Women's Recovery & Providence Ministries, Inc.

**Print Full Name:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

**Sign Full Name:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

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