



DIVINE WARRIOR LIFE COACHING LLC

Photo & Testimony Release Form

Full Name: _____

Email Address: _____

I, _____, hereby grant permission to Divine Warrior Life Coaching, A Better Life Publishing Company, Alisha Jackson Ministries, F.A.I.T.H. Connection Center, and/or Alisha Jackson Academy (hereafter referred to as "the Organization") to use my photograph, video, and/or testimonial for marketing, promotional materials, and online content, including but not limited to websites, social media, brochures, and publications.

Testimony Release:

- I give permission for my testimony to be shared publicly
- I prefer that my testimony not be shared publicly (Please check this box if applicable).

Name Display Preference:

- Please display my full name
- Please display only my initials (First Name, Last Initial)

Disclaimer: Photos taken at public events may be used for marketing purposes.

By signing below, I confirm that I have read and understand this release form and agree to the terms specified above.

Signature: _____

Date: _____

Name (Printed): _____

Email Address: _____

We reserve the right to use these photos for our ministries upcoming promotional campaigns. However, we will not use the photo in any way unrelated to the ministries.