



PUBLICITY RELEASE AGREEMENT (MULTI-NAME)

I/we, (insert name/s):

of (insert address):

Phone:

Email:

agree to participate OR agree to let my child (insert name)
participate with The Salvation Army in a photographic / filming / recording session
OR a journalistic interview conducted via telephone/or in person at (insert location)
.....
with of The Salvation Army,
or an authorised representative of The Salvation Army
on (insert date)

Signature:	Date:
Signature:	Date:
Signature:	Date:
Signature:	Date:
Signature:	Date:
Signature:	Date:

I understand that material gathered in these sessions or interviews including comments, opinions, photographs and/or other audio visual content including personal testimonies* may be used publicly and may be edited and reproduced for print / film / video / audio / internet media/ or other form for the sole and express purpose of Salvation Army publicity.

* If you request, personal testimonies can be used with anonymity protected. If this is your preferred option, please indicate by circling your preference: Anonymity Protected, YES or NO, use my material without protection of anonymity.