



# PUBLICITY RELEASE AGREEMENT (SINGLE-NAME)

I, (insert name):

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:

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.