The Salvation Army
New Zealand, Fiji, Tonga & Samoa

PUBLICITY RELEASE AGREEMENT
(MULTIPLE NAME)

I (insert name):		of, (insert address):
Phone:		
Email:		

I (insert name):		of, (insert address):
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I (insert name):		of, (insert address):
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I (insert name):		of, (insert address):
Phone:		
Email:		

We agree to participate, OR agree to let my child/ren (under 18 years, insert name/s): ……

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)……

I/we 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 maybe 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 below:

Signature:	Date:	Anonymity Protected: **YES or NO (use my material without protection of anonymity)**
Signature:	Date:	Anonymity Protected: **YES or NO (use my material without protection of anonymity)**
Signature:	Date:	Anonymity Protected: **YES or NO (use my material without protection of anonymity)**
Signature:	Date:	Anonymity Protected: **YES or NO (use my material without protection of anonymity)**
Signature:	Date:	Anonymity Protected: **YES or NO (use my material without protection of anonymity)**
Signature:	Date:	Anonymity Protected: **YES or NO (use my material without protection of anonymity)**