

Canada and Bermuda Territory Media Release Form

I hereby give authorization to The Governing Council of The Salvation Army in Canada, The Salvation Army Canada and Bermuda Territory, and all associated and related charities (collectively referred to throughout the remainder of this document as "The Salvation Army") to use my story, photos, audio or video, for any and all marketing, public relations and promotional purposes, which The Salvation Army may, in their sole and absolute discretion, deem appropriate.

In the event of a minor, I hereby give authorization as parent/guardian to use the story, photos, audio or video of (full name of minor):

for use by The Salvation Army under the clauses asstated above.

see over...



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Today's date		
Full name (adult model or	parent/guardian)	
Address		
City/Town	Province	Postal Code
E-mail address		
Adult model or parent/guar	rdian signature	
Photographer use only		
	-	
Brief description of model	:	
Location:		

Today's date		
Full name (adult model or	parent/guardian)	
Address		
City/Town	Province	Postal Code
E-mail address		
Adult model or parent/gua	rdian signature	
Photographer use onl		
Brief description of mode	l:	
Location:		

Program/Event:

Frame numbers (optional):

Today's date				
Full name (adult model or parent/guardian)				
Address				
City/Town	Province	Postal Code		
E-mail address				
Adult model or parent/guardian signature				
Photographer use only	/			
Brief description of model:	:			

Location:

Program/Event:

Frame numbers (optional):

Program/Event:

Frame numbers (optional):

Full name (adult model or parent/guardian)				
Province	Postal Code			
Adult model or parent/guardian signature				
	Province			

Photographer use only Brief description of model:

Location:

Program/Event:

Frame numbers (optional):