

## The Salvation Army, Canada and Bermuda Territory

## Media Release Form for Group

(Please print clearly)

We, the	give authorization to The Governing Counci
of The Salvation Army in Canada, The Salvation A	Army Canada and Bermuda Territory, and all associated
and related charities (collectively referred to thr	oughout the remainder of this document as "The
Salvation Army") to use photographs, audio and	video recordings of our group taken during
	to be used by The Salvation Army
for any and all marketing, public relations and pr	omotional purposes, which they may, in their sole and
absolute discretion, deem appropriate.	
Leader/Director Name:	
Signature:	
Date:	e.
Phone Number:	
Email Address:	

All members of group must print and sign their full name on page 2...

## Group Media Release Sign-up Form

By printing and singing my name below, I hereby confirm that I have read and understand the Photographic, Audio and Video Release From and approve of the use of photographs, video and audio recordings of the

of which I am a member

PHOTO DESCRIPTION					
CONTACT INFORMATION F					
ly) SIGNATURE					
FULL NAME (Please print clearly)					ez