



The Salvation Army, Canada and Bermuda Territory

## Media Release Form for Group

(Please print clearly)

We, the \_\_\_\_\_, 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 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 promotional purposes, which they may, in their sole and absolute discretion, deem appropriate.

Leader/Director Name: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Email Address: \_\_\_\_\_

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

