



# THE SALVATION ARMY METROPOLITAN DIVISION

SERVING THE GREATER CHICAGO AREA, NORTHERN ILLINOIS, AND NORTHWESTERN INDIANA

## CONSENT TO PUBLICATION AND INFORMATION RELEASE

I certify that I am at least 18 years of age, my birth date being \_\_/\_\_/\_\_\_\_, and having the right to contract in my own name and to the extent herein set forth.

I hereby irrevocably grant to The Salvation Army, its successors and assigns, its agents and those by whom it is commissioned, the absolute, unrestricted and unlimited license, right, permission and consent to use and reuse, disseminate, copyright, reproduce, publish and republish, for any and all trade purposes or commercial or other advertising or public purposes, and in any and all advertising, publicity, display, publication, website, social media platform or media, my name, signature and likeness, and any portraits, pictures, photographic prints, videos or other representations of me, or in which I may appear, or any reproductions or sketches thereof or parts thereof, photographic or otherwise, with such additions, deletions, alterations or changes therein as you in your discretion may make, either separately or together with my name or a fictitious name, or the name of another person, with or without any statements or testimonials made by me, or authorized by me which you may, in your discretion, prepare for use in connection therewith.

I warrant that I have not limited or restricted the use of my name or photograph to the use of any organization or person.

I hereby grant unrestricted use of audio tracks or text by The Salvation Army for such purposes as The Salvation Army may deem appropriate.

I hereby release and discharge The Salvation Army, its successors, assigns and agents from any and all claims and demands arising out of or in connection with the release of information regarding my case as a client or a volunteer of The Salvation Army and information regarding services provided to me by The Salvation Army for use of any of the foregoing, including any claims for defamation, invasion of privacy or violation of any statutory right.

Witness by my hand as noted and sealed this day.

PRINT NAME	EMAIL
ADDRESS	TELEPHONE NUMBER
SIGNATURE	DATE

## AUTHORIZATION RELATING TO A MINOR OR INDIVIDUAL UNDER LOCAL GUARDIANSHIP

I hereby certify that I am the parent/legal guardian of a minor child or dependent and have executed this release on his/her behalf.

NAME OF MINOR (PRINT)	AGE
NAME OF PARENT/GUARDIAN (PRINT)	ADDRESS
SIGNATURE	DATE

### ADDITIONAL PARTIES INVOLVED IN PUBLICATION (SKIP IF THIS DOES NOT APPLY)

PRINT NAME	ADDRESS	DATE OF BIRTH	SIGNATURE	DATE

### WITNESS TO EXECUTION (SIGNING) OF RELEASE

PRINT NAME	ADDRESS   CORPS LOCATION (IF SALVATION ARMY EMPLOYEE)
SIGN NAME	DATE