



DOING THE MOST GOOD

CONSENT TO PUBLICATION



Name (First Last) _____ Birth Date (Month Day Year) _____ / _____ / _____

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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 use of any of the foregoing, including any claims for defamation, invasion of privacy or violation of any statutory right.

There is no time limit on the validity of this waiver nor is there any geographic limitation on where these materials may be distributed. This waiver applies to all Salvation Army locations and events.

Witness by my hand as noted and sealed this day.

Address Line I _____

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(Please Check) I, hereby certify that I am at least 18 years of age and have the right to contract in my own name to the extent herein set forth by the law.

Signature _____

Witness to Execution of Release // Witness Signee is not required to be a Salvation Army representative

Name (First Last) _____ Signature _____

Address Line I _____

Address Line II _____

City _____ State _____ Zip Code _____

Phone _____ Email _____

Date Consent to Publication is completed _____ / _____ / _____