



DOING THE MOST GOOD

# CONSENT TO PUBLICATION MINORS

A form should be completed for each individual minor.

Name of Minor (First Last) \_\_\_\_\_ Birth Date (Month Day Year) \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

I certify that I am the parent/legal guardian of \_\_\_\_\_. 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, print, 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 or media, internet sites including social media sites, and any other multimedia or electronic medium existing now or in the future, Minor's name, signature and likeness, and any portraits, pictures, photographic prints or other representations of Minor, or in which Minor 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 Minor's name or a fictitious name or the name of another person, with or without any statements or testimonials made by Minor, or authorized by Minor which you may, in your discretion, prepare for use in connection therewith. I warrant to The Salvation Army that I have not limited or restricted the use of Minor's name or photograph to the use of any organization or person.

I hereby grant unrestricted use of audio tracks, videos, or text, including in an electronic medium existing now or in the future, 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 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 \_\_\_\_\_

Address Line II \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Phone \_\_\_\_\_ Email \_\_\_\_\_

(Please Check) I, hereby certify that I am the (parent)/(legal guardian) of the minor child or dependent named above and have executed this release on (his)/(her) behalf.

Parent/Guardian Print Name \_\_\_\_\_ Parent/Guardian 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 \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_