

# RELEASE FORM FOR PHOTOS, VIDEO, AUDIO

*I hereby grant to The Salvation Army the right to photograph, video or audio tape my dependent and to use the photo and or other digital reproduction of him/her or other reproduction of his/her physical likeness for publication processes – whether electronic, print, digital or electronic publishing via the Internet. I consent to have these images used at the discretion of The Salvation Army.*

Child's Name \_\_\_\_\_

Parent or Guardian's Signature \_\_\_\_\_

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

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

