



Parental Photograph/Video Permission Form

I give The Salvation Army permission to reproduce and publish the photos taken of my son(s)/daughter(s)

Name of child: _____

Address: _____

Email: _____

Contact telephone number: _____

Name of event / group / activity where the photograph was taken

I understand that these pictures may be used in various forms of publicity, both within The Salvation Army and for external purposes. This may include various forms of publishing including websites.

Name: _____

Relationship to child (Parent/Guardian): _____

Signed: _____

Please print name: _____ Date signed: _____



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**FUNDRAISING
REGULATOR**