



DOING THE MOST GOOD

The Central Kentucky Area Services Photo Release Form

I, _____, hereby allow The Salvation Army in the Central Kentucky Area to use my photograph, image, likeness, or voice for their use, discretion or need for any and all publications, reports, videos, internet and other materials needed to describe the services, programs and/or clients served by The Salvation Army.

Signature (Signature & Name of Parent if Under 18)

Date

Salvation Army Representative Signature

Date