



St. John Ambulance

SAVING LIVES
at work, home and play

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Media Release Form

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(and/or) Name of Legal Guardian: _____

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Mailing Address: _____

UNIT/APT/STREET NUMBER

STREET NAME

City: _____ Province: _____ Postal Code: _____ Country: _____

Home Phone: _____ Work Phone: _____

Email: _____ Organization: _____

Please check the applicable boxes:

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Authorization

The "age of majority" is legally defined as a person of at least 18 years of age in AB, MB, ON, PEI, PQ, and SK, or a person of at least 19 years of age in BC, NT, NU, NB, NS, NL, YU (Canada only).

I am the age of majority and I am signing on my own behalf.

I am the age of majority and am the parent or legal guardian of my Dependent and I am signing on behalf of my Dependent.

Relationship to Dependent: _____

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