

# NATIONAL NATIVE HIV/AIDS AWARENESS DAY

## PHOTO RELEASE FORM

I, (name) \_\_\_\_\_ hereby grant permission to the *National Native HIV/AIDS Awareness Day Committee*, the right to use and reproduce all photographs taken of me for National Native HIV/AIDS Awareness Day educational, publication, or marketing purposes, including website\* purposes, without further compensation and consenting that all this material shall be solely and completely the property of the Awareness Day Committee.

\* Please note that the website can be viewed throughout the world and not just in the United States as where US Law applies.

I also acknowledge that the organization named above may choose not to use my photo at this time, but may do so at its own discretion at a later date.

### A. For individuals eighteen (18) years of age and over:

I hereby certify that I am 18 years of age or over, and I have read the contents of the above release, I give this consent voluntarily. I understand and agree to be bound by its content.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Witness

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Date

\_\_\_\_\_  
Date

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### B. To be signed by parent or legal guardian of individuals under age of eighteen (18).

I am the parent or legal guardian of the individual named \_\_\_\_\_ to which this form applies and for whom I am giving this consent. I have legal authority to represent and bind the individual named.

I have read the contents of the above release, I give this consent voluntarily on behalf of the individual named. I understand and agree to be bound by its content.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Witness

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Date

\_\_\_\_\_  
Date

