

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

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