

National Native HIV/AIDS Awareness Day

PHOTO RELEASE FORM

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

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

