

**Authorization and Release
for Participation in Publicity for Programs Funded by the
President's Emergency Plan for AIDS Relief (PEPFAR)**

I hereby authorize the U.S. Government, its agencies, contractors, grantees, partners, employees, and their agents and assigns:

1. to record information I provide about my participation in PEPFAR-funded programs and related information about my life and background through photography, videography, sound recording, written transcription or note-taking, or other method of creating a record; and
2. to edit, quote, reproduce, release, distribute, exhibit, publish, broadcast, transmit or otherwise use such recorded information, including (but not limited to) publication in a newspaper, news release or on the website for the U.S. Embassy. I understand that my information will not be used for commercial purposes, and that I will receive no compensation for its use.

Furthermore (check any that apply):

I authorize the inclusion of my name and/or identifying information in, and under the same conditions as, the use of my information described in 2 above.

I authorize the inclusion of images of my face or other identifying images with, and under the same conditions as, the use of my information described in 2 above.

I hereby absolve and release the U.S. Government, its agencies, contractors, grantees, partners, employees, and their agents and assigns from all damages and liabilities arising from the above-authorized use of my information (including potentially identifying information and/or identifying images if so authorized).

I confirm that I am over the age of eighteen.

SIGNATURE: _____ **DATE:** _____

PRINTED NAME: _____

ADDRESS: _____

PHONE: _____