

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

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

1. to record information I or my minor child or ward provide about my minor child or ward's participation in PEPFAR-funded programs and related information about his or her 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 this information will not be used for commercial purposes, and that neither I nor my minor child or ward will receive compensation for its use.

Furthermore (check any that apply):

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

I authorize the inclusion of images of my minor child or ward's face or other identifying images with, and under the same conditions as, the use of 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 information (including potentially identifying information and/or identifying images if so authorized).

I confirm that I am the parent or legal guardian of _____. I confirm that I am over the age of 18.

PARENT'S/GUARDIAN'S SIGNATURE

DATE

Printed Name

ADDRESS: _____

PHONE: _____

(Include minor's address and phone if different.)