

**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) in future speeches, on the Internet, and through multiple broadcast channels and print media. 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.)