

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