FORM

Individual Consent Form for Media Interviews, Filming or Photographs

I, the Undersigned, voluntarily agree that I and/or the minor named below (of whom I am the legal representative) be filmed/photographed by a videographer / photographer acting for or on behalf of UNAIDS.

I hereby irrevocably grant UNAIDS (Joint United Nations Programme on HIV/AIDS) permission to freely use, reproduce, broadcast and distribute (or have used, reproduced, published and distributed) the film(s)/photograph(s) in which I appear, or the minor named below (of whom I am the legal representative), in any format and through any medium whatsoever, to promote the activities of UNAIDS and the AIDS response, including but not limited to audio-visual materials, news reports, web pages, publicity, promotional, advocacy, fundraising and campaign purposes concerning the same. In connection with the foregoing, I agree that UNAIDS will—at its discretion—have the right to change, edit and/or treat the film(s)/photograph(s), provided that my image, or the image of the minor named below, and/or the setting in which the film(s)/photograph(s) were taken, are not misrepresented.

I hereby furthermore grant UNAIDS the right to superimpose text or quotations on the film(s)/photograph(s). In this eventuality, UNAIDS will add the following disclaimer to these films/photographs: “The text printed on the photograph(s)/in the film(s) does not necessarily represent the opinion, views or the beliefs of the person depicted.”

By ticking Yes or No at the end of this sentence, I indicate whether or not I grant UNAIDS permission to use my name in captions that appear with my image:

YES ☐ / NO ☐

If I do not tick any box, I should be deemed to have withheld such permission.

I understand that the film(s)/photograph(s) will become the property of UNAIDS. The film(s)/photograph(s) may be used by UNAIDS, without any further consultation with me, for the above-mentioned purposes, free of charge, in any and all countries of the world.

I understand and agree that if UNAIDS receives money or other value for the film(s)/photograph(s), UNAIDS will use it in its work to help the world’s AIDS response.

I confirm that the content of this consent form has been explained to me, and that I fully understand its meaning.

(Name)	**(Date)**	**(Signature)**
(Minor’s Name)	**(Parent or Guardian’s Name)**	

(Address)

THIS BOX IS FOR FACILITATOR / VIDEOGRAPHER'S/PHOTOGRAPHER'S USE

Facilitator/Videographer/Photographer Name: _____

Location:_____

Date: _____

Description of Interviewee: _____

_____

It is the responsibility of the facilitator/videographer/photographer to return all signed copies to:

UNAIDS Photo Library

c/o Pere Mora Roma

20, avenue Appia

1211 Geneva 27

Switzerland

Telephone: +41 (0) 22 791 34 15 / +41 (0) 22 791 38 73 / +41 (0) 22 791 15 52

Email: photolibrary@unaids.org