



## **Photo Consent Form**

I hereby freely grant [Name of Photographer] and UNAIDS (Joint United Nations Programme on HIV/AIDS) permission to publish the photographs taken of me or the minor named below on [Insert Date], for editorial, advertising, or commercial purposes to promote the activities of UNAIDS.

DATE \_\_\_\_\_

\_\_\_\_\_  
(Name)

\_\_\_\_\_

\_\_\_\_\_  
(Address)

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(M in or's N am e)

\_\_\_\_\_  
(Father, Mother or Guardian)

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(M in or's A ddress)

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(Witness)