

Photographic Image, Audio **& Video Release Form**

I hereby grant the rights to my image, likeness and/or sound of my voice as recorded on audio or videotape or photograph, to the Pan American Health Organization/World Health Organization. I recognize that I am granting these rights without expectation of payment or any other consideration and for an unlimited duration.

I understand that my image may be edited, copied, exhibited, published or distributed and I waive the right to inspect the finished product wherein my likeness or voice appears. Additionally, I waive any rights to royalties or other compensation arising or related to the use of my image or voice. I also understand that this material may be used in diverse educational settings and throughout an unrestricted geographic area.

Photographic, audio or video recordings may be used for the following purposes:

- * Conference presentations
- * Educational presentations or courses
- * Informational presentations
- * On-line educational courses
- * Educational videos
- * Advisor arts and publications

By signing this release I understand that photographic or video recordings of me may be electronically displayed via the Internet or in the public educational setting, including but not limited to international videos.

I will be consulted about the use of the photographs or video recording for any purpose other than those listed above.

There is no time limit on the validity of this release nor is there any geographic limitation as to where these materials may be distributed.

This release applies to photographic, audio or video recordings collected as part of the sessions listed on this document only.

By signing this form I acknowledge that I have completely read and fully understand the above release and agree to be bound thereby. I hereby waive any and all claims against any person or organization utilizing this material for the purposes and in the manner described herein.

Full Name _____

Street Address/P.O. Box _____

City _____

Prov./Postal Code/Zip Code _____

Phone _____ Fax _____

Email Address _____

Signature _____

Date _____

If this release is obtained from a n individual under the age of 18, then the signature of a parent or legal guardian is also required.

Parent/Legal Guardian's Signature _____

Date: _____