## cid:image001.png@01D147BA.2CE80F70**United Nations Development Programme - UNDP**

**Regional Bureau for Arab States - RBAS**

**YOUTH, PEACE AND SECURITY
POSTER CONTEST**

## **PHOTOGRAPHY SUBJECT RELEASE FORM**

(This is **not** a release for commercial use.)

By signing this release form, I hereby grant to the United Nations Development Programme (UNDP) the right to reproduce, display and disseminate worldwide and in perpetuity, in any traditional or electronic media format, my likeness as shown in the images described below, which images are owned by UNDP, for the purposes of promoting youth peacebuilding efforts.

The images containing my likeness used in the poster design were taken on (date) \_\_\_\_\_\_\_\_\_\_\_\_ in the (location including town/country) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ by (photographer’s name) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_. I further confirm that these images are a true likeness of me and the images were taken with my knowledge and consent.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name of Subject Age (if under 18 years)

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date Signature

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address and other contact information

***IF SUBJECT IS A CHILD UNDER 18 YEARS OF AGE:***

I confirm that I am the legal guardian of the child named above and therefore may grant permission for this subject release on behalf of the child:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name of Legal Guardian Relationship to Child Date Signature of Guardian

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name of Witness Organization Affiliation Date Signature of Witness