**Release Form**

**For Photos, Video, Interviews and Artwork**

I grant the Anglican Board of Mission (ABM), its affiliates and all persons acting under its authority, permission to do the following to promote ABM's programs:

* Use my name and/or my child's name;
* Interview me and/or my child and use our statements (which may disclose information about me and/or my child's situation such as an illness or story).
* Film, photograph, tape and/or make a video reproduction of me and/or my child;
* Use my child's original materials, if provided

I declare that have been shown an example of ABM’s publications.

I understand that ABM publications may be widely distributed, and include publications on the internet. Once published on the internet, ABM has no control over how images etc may be used by others.

I understand that my involvement with ABM will in no way be affected by my decision to give or refuse permission. I give this permission without expectation of compensation, and all future uses do not require additional permission from me.

Name of adult/parent/guardian (print)

Signature

Address (or village) and country

Date

**For children** (17 and under): the parent/legal guardian who signed above gives this permission on behalf of the child/children named below:

Child's name Age Signature (if 10 years or older)

\* \* \* \* \* \* \* \* \* \* \* \* \* \* \* \* \* \* \* \* \* \* \* \* \* \* \* \* \* \* \* \* \* \* \* \* \*

***The following is required if the release form has to be read to the signer.***

I certify that I have read this release form in full to the person(s) whose signature appears above, including children who are 10 years or older.

*Signature of ABM staff person, partner, or community leader who read the statement.*

**Photographer: List here the photo filenames connected with this release:**