AUDIOVISUAL (CONTENT/EDITORIAL) SUBJECT RELEASE FORM

UNICEF

AUDIOVISUAL (AV) RELEASE FORM FOR ALL USE

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The AV contains my likened (date)in the (local date)in the (local date)	cation including village,	district, town, count	ry) isation/Institute/Group Name)
I furth consent and full knowledge.	er confirm that these image	ages are of me and v	was taken with my
Name of Subject(Child)	Age (if under 18 years		
Address and other contact in	nformation		
IF SUBJECT IS A CHILI	UNDER 18 YEARS C	OF AGE	
I confirm that I am the legal permission for this subject r			efore may grant
Name of the Legal Guardian	n/ Relationship to Child		
Name of Witness / Organiza	 ation Affiliation/ Dat	e/ Witne	ess Signature