

Consent and Release for Use of Images and Videos

| | Event Name: |
|------|---|
| | Event Venue: |
| | Event Date: |
| | |
| l, _ | , hereby grant the irrevocable right and permission in |
| per | rpetuity to the United Nations Institute for Training and Research (hereafter referred to as "UNITAR") to: |
| | the rights of my image, likeness and sound of my voice as recorded on audio, video tapes or photographs. |
| i | i. edit, duplicate and use, or license others to edit, duplicate and use, my likeness (and my name), separately or in conjunction with other works, content or materials, worldwide and in any media or manner, for such purposes as are required by UNITAR in accordance with its mandate. |
| | nderstand and agree that my image may be edited, copied, exhibited, published or distributed and waive right to inspect or approve the finished product wherein my likeness appears. |
| l w | aive any right to royalties or other compensation arising or related to the use of my image or recording. |
| | |

I hereby release, acquit and forever discharge UNITAR, its employees, representatives, licensees and assigns from all claims, demands, rights, promises, damages and liabilities arising out of or in connection with the use or distribution of said photographs and/or video recordings, including but not limited to any claims for invasion of privacy, appropriation of likeness or defamation.

I understand and agree that such photographs and/or video recordings of me may be placed on the Internet or used in diverse settings within an unrestricted geographic area.

I also understand and agree that internet or broadcast information might accompany the photographs and/or video recordings of me. I agree that all such portraits, pictures, photographs, video and audio recordings, and any reproductions thereof, and all plates, negatives, recording tape and digital files are and shall remain the property of UNITAR.

I hereby warrant that I have the legal capacity to contract in my own name or, if this is not the case, that my parent or guardian has signed this release form below. This release is binding on me and my heirs, assigns and personal representatives.

| | Location: | |
|--|--|--|
| | Date: | |
| | | |
| | Signed by Individual Photographed/Recorded: | |
| | Printed Name of Individual Photographed/Recorded: | |
| For Those Under 18 Years Old | | |
| If individual photographed/recorded does not have the legal capacity to sign this form, the following section must be completed: | | |
| have read and I understand this document. I understand and agree that this document is binding on me, my child (named above), our heirs, assigns and personal representatives. I acknowledge that I am | | |
| eighteen (18) years old or older and that I am the parent or guardian of the child named above. | | |
| | Location: | |
| | Date: | |
| | | |
| | Signed by Parent/Guardian of Individual Photographed/Recorded: | |
| | Printed Name of Parent/Guardian of Individual Photographed/Recorded: | |

