Photo/Video Consent Form

[Organization] | South Sudan

This form must completed by individual(s) (or their parents/care givers if subject is less than 18 years of age) who appear in any photographs or videos taken by or on behalf of [organization]. In the event that a subject is unable to read the consent form, it must be explained to them by a trusted party, including in their language if relevant.

[Organization] asks your consent to be photographed/filmed and featured in the [organization] stock of photos/videos which are used to give visibility to [organization] and the overall humanitarian cause in South Sudan. These images/films may be used on [organization] social media platform, the [organization] website and other publications related to the humanitarian sector in South Sudan, including by partners.

## Subject(s) captured in photograph(s)/video(s)

I agree to allow [organization] to take photographs/make videos of me/my organisation and grant permission for these to be used and published by [organization] and its project partners in press articles, websites, social media and other publications, exclusively for non-commercial purposes.

By signing this form, I confirm that [organization] or its agents have informed me of the purpose of the photos and/or video being captured, any risks involved, and my rights in relation to my data. I also understand that my participation in photos and videos will have no impact on my eligibility to receive humanitarian assistance or other services. In case of concerns, feedback or complaints to [organization], I can write to [email] or call [phone number].

|  |  |  |  |
| --- | --- | --- | --- |
| **Name** |  | | |
| **Contact email/phone** |  | | |
| **Signature** |  | **Date** |  |

## Permission of parent/guardian if person photographed/filmed is less than 18 years of age

I agree to allow [organization] to photograph/film the child(ren) in my charge and grant permission for these to be used by [organization] and its project partners in press articles, websites, social media, and other publications, exclusively for non-commercial purposes. By signing this form, I confirm that [organization] or its agents have informed me of mine and my children’s rights and [organization’s] obligations as outlined above.

|  |  |  |  |
| --- | --- | --- | --- |
| **Name of parent**  **or care giver** |  | | |
| **Name of child(ren)** |  | | |
| **Contact email/phone** |  | | |
| **Signature** |  | **Date** |  |