

Tel: 202.350.6700 Fax: 202.350.6701 www.IFES.org

Field Photograph and Publicity Release Form

I,, give my permission to	International Foundation for Electoral		
Systems (IFES), a non-profit Washington, DC corporation to use my name, likeness, image, voice,			
interviews, written submissions, biographical information and/or appearance and/or that of the minor named below ("Minor") (of whom I am the parent or legal guardian) as such may be embodied in any pictures, photos, video recordings, audiotapes, digital images, and the like and related materials (Materials) given to or displayed by IFES. I agree that IFES may use the Materials (or adapt or modify them in any way) for any purposes including, but not limited to illustrations, bulletins, exhibitions, contests, videotapes, reprints, reproductions, publications,			
		advertisements, and any promotional or educational r	materials in any medium now known or
		later developed, including the Internet or social media s	ites. I acknowledge that I will not receive
		any compensation or other consideration for this use	and hereby release IFES and its agents,
		representatives and assigns from any and all claims	which arise out of, or are in any way
		$connected\ with, such\ use.\ I\ sign\ this\ consent\ and\ release, and\ waive\ rights\ of\ publicity\ or\ privacy$	
or further consent, on behalf of myself, the Minor	r, our heirs, personal representatives,		
successors, assigns and family and agree that this consent and release may not be terminated			
$under\ any\ circumstances.\ This\ agreement\ is\ governed$	by the laws of Washington, DC USA.		
I represent and warrant that I am over 18 years of age	am the parent and legal guardian of the		
I represent and warrant that I am over 18 years of age, am the parent and legal guardian of the Minor, I have the authority to sign this consent and release and understand this consent and			
release.	crease and understand this consent and		
Teleuse.			
Print Name:			
			
Signature	Date		
For a Minor:			
Print Minor's Name:			
Signature of Parent / Legal Guardian (if Minor under ag	e 18) Date		