

PARTICIPANT CONSENT AND RELEASE FORM

(As part of the submission criteria, every participant must complete, sign and submit this form with their submission)

By signing this form, I..... (First name, Last name) of (City, Country) give Bobby Pall Photography and Mastercard Foundation permission to mention, refer to and use photograph(s) and video(s) submitted by myself publicly in connection with the work and mission of the COVID-19 Public Awareness Campaign. I provide Bobby Pall Photography and Mastercard Foundation consent to collect and use:

1. Photographs and videos submitted by myself;
2. My first and last name; location (village/town, district, and country); and
3. Quotes from interviews, videos and recordings of myself.

Use of Information

The photographs and videos submitted may be used by Bobby Pall Photography and/or Mastercard Foundation for marketing purposes, including communicating the success of Bobby Pall Photography and/or Mastercard Foundation programs as well as sharing learning with the broader international community. I agree that Bobby Pall Photography and Mastercard Foundation can use the above information on the Bobby Pall Photography and/or Mastercard Foundation's websites, the internet, on social media, in publications, photographs, print media, videos, documentaries, and podcasts.

Photographer/Videographer Consent

You are not obligated to give us your consent nor do you have to tell us anything that you are not comfortable communicating publicly. We want to tell your story and represent you in a way that is respectful and dignified. If you have any questions or concerns about your consent or the use of your photographs and/or videos, please do not hesitate to ask a Bobby Pall Photography representative before signing this form.

You can ask questions about the use of the content at any time by emailing info@africanartincontext.com and ingiabi@mastercardfdn.org.

I have read this form and consent to the collection and use of the information described. I also release Bobby Pall Photography and Mastercard Foundation from all claims of any kind that I or my heirs, executors, administrators, legal representatives, successors or assigns ever had, now have, or may in the future have, arising from, connected with, or in any way related to the collection or use of the information described.

*Please note that any participant under 18 years of age must have a parent or guardian provide consent and release on their behalf.

Participant: _____ Parent/Guardian: _____

Signature: _____ Signature: _____

Date: _____

*I am over 18 years of age and the parent of the minor participant, I consent to the above on their behalf and I agree to be legally bound by the above release.

The following is required if the consent and release form has to be read to the individual or their parent or legal guardian:

I certify that I have read this form to the participant or their parent or legal guardian and they have agreed to the terms and conditions.

Date _____

Name _____

Email _____

Telephone _____

SUBJECT(S) CONSENT AND RELEASE FORM

(As part of the submission criteria, every individual depicted in the photo/video must complete and sign this form)

Without expectation of compensation or other remuneration, now or in the future, I hereby give my consent to _____ [photographer/videographer], her/his affiliates and agents, to use my image and likeness and/or any interview statements from me in publications, advertising or other media activities (including the Internet).

This consent includes, but is not limited to: (Initial where applicable)

- a. Permission to photograph, film, interview, tape, or otherwise make a video reproduction of me and/or record my voice;
- b. Permission to use my name; and
- c. Permission to use quotes from the interview(s) (or excerpts of such quotes), photograph(s), the film, tape(s) or reproduction(s) of me, and/or recording of my voice, in part or in whole, in publications, newspapers, magazines and other print media, on television, radio and electronic media (including the Internet), in theatrical media and/or in mailings for educational and awareness purposes.

This consent is given in perpetuity, and does not require prior approval by me.

Date	Name	Signature	Address

The below signed parent or legal guardian of the above-named minor child hereby consents to and gives permission to the above on behalf of such minor child.

Signature of Parent or Legal Guardian	Print Name

The following is required if the consent form has to be read to the parent/legal guardian:

I certify that I have read this consent form in full to the parent/legal guardian whose signature appears above.

Date

Signature of Photographer/Videographer