



World Health Organization

DECLARATION OF CONSENT

I, the undersigned, hereby consent to the use of my name, likeness, biography, picture and clinical details related to my person, in photographs made for the World Health Organization (WHO), as well as in publicity concerning the same. I understand that my name will not necessarily appear in connection with the photographs.

I declare being a major (above the legal age of consent) and that I have the full legal power and authority to make this declaration of consent. In the event that I am a minor (below the legal age of consent), this declaration of consent is made by the entitled parent or guardian.

I acknowledge that I will not be entitled to receive any payment in consideration for the use of my name, likeness, biography, picture and clinical details related to my person, in the photographs pursuant to this declaration of consent.

I furthermore acknowledge that all rights to the aforesaid photographs are vested in WHO, which for the duration of the applicable rights, shall have the unrestricted, sub-licensable and world-wide right to use my name, likeness, biography and picture in the photographs, and the clinical details related to my person, in any manner whatsoever. The use may include, but is not limited to, editing, duplication, licensing to any third party, distribution in all media of expression now known or later developed including, but not limited, to advocacy materials, publications, films, videos, WHO web site or websites, third party sites such as YouTube, without any obligation on the part of WHO to seek any further authorization from the undersigned.

I understand that I can refuse to sign this consent form. I understand that my consent is voluntary and can be withdrawn by me at any time by contacting WHO, however I understand that my revocation will not apply to images that have already been published under this consent.

I acknowledge that I have read this consent form in its entirety, or it has been read (or translated) to me, and I have had the opportunity to ask questions about it.

Signature:.....

Name:

Name of Legal Guardian (in the case of minors or people that by law are unable to sign this form):

.....

Date:

Place:

Witness: