

**CONSENT TO USE MY LIKENESS AND INTERVIEWS – ADULT**

I give CARE International, its representatives and agents, the absolute right and permission, as described below, to use i**nformation and other materials, including without limitation, my name, location, age, my statements, a personal interview, my image, and any voice recording, including excerpts of such information**. This information is known as my “Materials”.

**My Materials may be used, including editing, by CARE and, with CARE permission, OTHER COMPANIES, PERSONS OR GROUPS that partner with CARE to promote CARE’s mission.**

I understand that the materials will be used for any use. I understand that my consent or refusal will not affect the funding to this project.

I understand that my materials may be used in printed materials, on the internet and other electronic media, video and audio recordings and other media, for any period of time and anywhere in the world.

I understand that my Consent may only be revoked by written notice and will only apply going forward from the date notice was received.

In exchange for my consent, I have received a Certificate of Appreciation or another form of acknowledgement and gratitude from CARE.

Specifically: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

I understand that if CARE receives money or other value for my Material, CARE will use it in its work to help others around the world overcome poverty and provide assistance in humanitarian emergencies.

I understand that I will not review or approve the draft or final product resulting from the use of my Materials.

I am of adult age and have every right to contract with CARE.

**I have read, or I have been read, this consent before signing it. I understand this consent.**

**Signature of Subject/Group representative: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Name of Subject: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Location: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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| **THIS SECTION TO BE COMPLETED BY INTERVIEWER/PHOTOGRAPHER:**Key identifying traits (i.e. orange headscarf, to match photo to Subject): Additional information or conditions that must be applied to the provided consent for the use of the person’s materials (e.g., inclusion/omission of sensitive details):I certify that I presented this consent form, or read this consent form in full, to the person whose signature appears above, and have witnessed the mark or signature of such person.**Signature of interviewer/photographer/translator: Name printed:****\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**NOTE: If the interviewer/photographer does not obtain written consent, please complete and sign above, indicating that: verbal consent was obtained; and why written consent wasn’t given. |

I agree to the use of my materials (such as photo, statement, name, address, age, and voice recording), as set forth in the preceding CARE International “Consent to Use My Likeness and Interviews,” revised 7/01/2018.

**Location: Date:**

1. Signature: Description:

Printed Name:

2. Signature: Description:

Printed Name:

3. Signature: Description:

Printed Name:

4. Signature: Description:

Printed Name:

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5. Signature: Description:

Printed Name:

6. Signature: Description:

Printed Name:

7. Signature: Description:

Printed Name:

8. Signature: Description:

Printed Name: