



CONSENT FORM: PHOTOGRAPHY AND INTERVIEW

Name of person photographed/filmed/interviewed: _____

Country/Location: _____

Contact details (Address/Phone number/email): _____

I give full consent for my image and/or words in interview to be used for free by the International Union Against Tuberculosis and Lung Disease (The Union) and by the media. I understand that this means my photograph may be published by these organisations in print and electronic form to help promote The Union's objectives.

If for any reason I do not want my image and/or words to be published, I will inform you in writing and I understand that The Union will use reasonable endeavours to remove them from publication.

Signature or mark of the subject: _____

Signature of witness, if subject cannot sign or is under 18 years of age:

Witness title (family member, staff): _____

Date: _____