**Leave No Girl Behind (LNGB) – ACTED**

**Photo/Media Consent Form**

**To be signed by learner/learner’s parent/guardian and applicable for any visual media produced within the LNGB Programme**

In furtherance of ACTED’s charitable mission, and without expectation of compensation or other remuneration, now or in the future, I hereby give my consent to ACTED, its affiliates and agents, to use my name or image or the name or image of the minor(s) under my guardianship (whether photographic, video and/or other electronic media) and/or any interview statements (and excerpts of statements) from me or the minor(s) under my guardianship in its publications, advertising or other media activities (including the Internet). This consent includes, but is not limited to,

1. Permission to interview, film, photograph, record on tape or otherwise make a video reproduction of me and/or my child/children and/or record our voice(s);
2. Permission to use my name and/or the name of the minor(s) under my guardianship; and
3. Permission to use quotes from the interview(s) (or excerpts of such quotes), the film, photograph(s), tape(s) or reproduction(s) of us and/or recording of our voice(s), in part or in whole, in its publications, in 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 campaigns by ACTED, in connection with the promotion of ACTED products and/or to help raise funds for ACTED.

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

Minor’s/Learner’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Minor’s/Learner’s Age: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

I, as the below signed parent or legal guardian of the above-named minor, hereby consent to and give permission to the above on behalf of myself and the minor.

Signature of Learner (in case she is holding CNIC) / **OR** Learner’s Parent/Guardian if she does not have CNIC: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Print Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

The following is required if the consent form has to be read to the learner/parent/legal guardian: I certify that I have read this consent form in full to the learner/parent/legal guardian whose signature appears above.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date Signature of SC Representative, Partner Organization

Representative, or Community Leader