



Photography Consent Form

Person(s) in photograph

I agree to allow Wadi Ben-Hirki Foundation (WBHF) to take pictures and/ or videos of me and grant permission for these to be used by the Foundation and its project partners to promote humanitarianism and advocacy in publications, articles, promotional materials and websites, exclusively for non-profit making purposes.

Name (please print):

Contact email address or telephone number:

Signature:..... Date:.....

I also agree to my name being published in any associated publicity, if required.

Yes No

Permission of Parent or Guardian, if person is photographed is less than 18 years of age.

I agree to allow Wadi Ben-Hirki Foundation (WBHF) to take pictures and/ or videos of the child(ren) in my care and grant permission for these to be used by the Foundation and its project partners to promote humanitarianism and advocacy in publications, articles, promotional materials and websites, exclusively for non-profit making purposes.

Name (please print):

Contact email address or telephone number:

Signature:..... Date:.....

I also agree to my name being published in any associated publicity, if required.

Yes No

N.B.: Wadi Ben-Hirki Foundation will not use the pictures or videos taken, or any other information you provide, for any other purpose.