



**World Health
Organization**

DECLARATION OF CONSENT

I, the undersigned, am an adult and I have the full legal capacity to make this declaration of consent. In the event that I am a minor or have a legal representative appointed over me; this declaration of consent will be made by my parent, guardian or other legal representative.

I agree to the recording of my photo/image and my related story by a representative of the World Health Organization (WHO). I furthermore agree that this recording may be freely used by WHO in any manner and for any purpose which is consistent with WHO's mandate of promoting the highest level of health worldwide.

Name.....

Date.....

Place.....

Signature.....