



CAMPAIGN TO END AIDS ADVOCACY & ACTIVISM
PHOTO/VIDEO RELEASE FORM

I hereby give my consent for the Campaign To End AIDS to use my image, photograph, and likeness to be used in its publications, including its website. I release the images from any expectation of confidentiality for the undersigned (if a minor, please attest that are the parent or guardian by also signing below).

Signature

Date

Signature of Parent or Guardian

Date