

## Declaration of Consent and Release for Photograph, Video and/or Sound Recordings of Named Subjects

I hereby consent to the worldwide use of my name, likeness, biography, picture and/or clinical details related to my person, as depicted in the following photograph(s), video and/or sound recordings (the "Media") made for or by the World Health Organization ("WHO"), 20 Avenue Appia, 1211 Geneva 27, Switzerland, as well as in publicity concerning the same, for the following subject(s):

Description of subject(s): .Georgia: gathering insights to provide better diabetes care

In providing this consent, I declare, acknowledge and agree that:

- I am of the legal age of consent and I have the full legal power and authority to complete this Declaration, or, if I am a minor (below the legal age of consent) or otherwise legally prevented from signing this Declaration, it is made on my behalf by my parent(s) or legal guardian(s) listed below.
- I have read this Declaration in its entirety, or it has been read (or translated) to me in its entirety, and I have had the opportunity to ask questions about it.
- My name will appear in connection with the Media.
- My consent is voluntary. I can withdraw my consent at any time by contacting WHO in writing. Any such withdrawal will not apply to Media that have already been disseminated under this Declaration.
- All rights to the Media are vested in WHO, which for the duration of the applicable rights has the unrestricted, sublicensable and worldwide right to use my name, likeness, biography, picture, and/or clinical details related to my person as depicted in the Media in any manner whatsoever, without any obligation to seek any further authorization from me or inform me thereof. That use may include, without limitation, editing, duplication, licensing to any third party, and distribution in all media now known or later developed including, without limitation, WHO and third-party advocacy materials, publications, television programmes, films, videos and websites.
- I will not receive any payment in consideration for the foregoing.

I agree not to hold WHO, its employees, or its agents liable for any use or dissemination of the Media in accordance with this Declaration.

By signing below, I confirm that I fully understand and accept all of the above.

Signature:	Date: 2 Soptemb 2010
Name: Pamar Gabura CI	Place: Philisi, Georgia
Name of Parent(s) or Legal Guardian(s) or person	<b>V</b> 1
•••••	



For	internal	nea antes L	Tional.	docominging of	21	e e
1 (/1	michian	use only. v	isuai	description of	me subject	for reference

Explanation that can be provided to subject

WHO uses photos and video to document and promote public health issues. When we take a photo or video of someone, we require you to provide your consent to be photographed or filmed. In signing this consent form, you are agreeing to the use of your likeness and the information that you have provided us, for use by WHO in connection with its work on public health.