

Photography Release Form



Instructions

1. Select the best images from your Candlelight Memorial event. Submissions may include print or high resolution digital photographs, or video clips no longer than five minutes.
2. Complete a Photography Release Form for each photo or video and sign below. For close-up images of persons who are not public figures, you must also submit a Person Release Form (see Page 2).
3. Write the title of your submission on your submission and form(s) so they match. Only matching submissions and forms will be considered.
4. Post your submission and form(s), along with any questions, by post, email, or fax (see below). All submissions become property of the Global Network of People living with HIV and cannot be returned.

Submission Details

Title of submission _____
Today's date _____ Country _____
Name of photographer _____
Organization or community represented _____
Street Address _____
City _____ State/Province _____
Zip/Postal code _____ Email address _____
Phone _____ Date submission was created _____

Please describe what is happening in the submission (including names, titles, and locations):

I have read the instructions and allow the Global Network of People living with HIV to publish this submission.

Signature of photographer _____ Date _____

Send to:

Candlelight Memorial
Global Network of People living with HIV
Van Diemenstraat 192
1013 CP Amsterdam
The Netherlands
Phone: +31 – 20 – 423 4114, Fax: +31 – 20 – 423 4224
Email: candlelight@gnpplus.net

Person Release Form



This form must be signed by any person featured up-close in photography or video submissions. This does not apply to public figures, such as politicians or other celebrities. A parent or guardian must sign for persons under the age of 18 years.

Submission Details

Title of submission _____

Today's date _____ Country _____

Name of photographer _____

Name of person featured in picture _____

Name of guardian or parent (if applicable) _____

Organization or community represented by person in picture _____

I allow the Global Network of People living with HIV to publish this submission.

Signature of featured person or guardian _____ Date _____

Send to:

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Global Network of People living with HIV

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