

Human Development and Community Services(HDCS)

PHOTO CONSENT FORM



I, PUSPA THAPA grant permission to Human Development and Community Services (HDCS) and its Partners for the use of my image(s) and/ video(s) to be used in any type of publication. My consent is freely given to HDCS without expecting any payment. I also understand and will not hold HDCS or its partners accountable for the misuse of the images/videos by a third party

Name: PUSPA THAPA

Phone: 9866904612

Signature: [Signature]

OR Thumbprint:

Relationship to the people in the image/video: ☒ Self

☐ Parent ☐ Guardian ☐ Others _____

Date: 2023 - March 7th

Right	Left

Image(s) Description:

Grupa lamichane (S.M) given egg for pregnant women.

* The signature of a parent or legal guardian is required if the above individual is under the age of 18 or is not competent.

* I understand that I may revoke this authorization at any time by notifying HDCS in writing and that the use of any of my photos or other information authorized by this release will immediately cease.