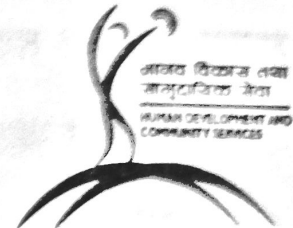


Human Development and Community Services(HDCS)

PHOTO CONSENT FORM



I, Pabitra Pun 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: Pabitra Pun Phone: N/A

Signature: [Signature]

OR Thumbprint:

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

☒ Parent ☐ Guardian ☐ Others _____

Right	Left

Date: _____

Image(s) Description:

Baby weighing

* 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.