

World Vision Photo/Video/Story/Content Informed Consent Form

This form establishes that subject(s) gave informed consent to a story, photo, video or content recorded by or for World Vision. The reporter, photographer or videographer should complete this top section on the day informed consent is given, and is then required to file the form with the material captured. Otherwise the content cannot be processed and used, and the effort is wasted. For more information on Communications Safeguarding Guidance: <https://wvi365.sharepoint.com/sites/Communications/SitePages/Communications-Safeguarding-Guidelines.aspx>

Name of reporter, photographer or videographer (print): JOLIE KAVIRA

Office and phone number: +243 997284911

Date: 07/19/2024 Place: KANYARUCHINYA / CITE DE DEPLACE EP. MBOGA

Content, story, video or photo(s) related to this consent form: DIALOGUE NUTRITIONNEL AVEC LES DEPLACES DE L'EP. MBOGA DE KANYARUCHINYA/ADULTES

Primary story subject(s) should complete this section: I voluntarily grant World Vision () and their affiliates, agents and contractors (together known as "World Vision") permission to publish content, photographs, videos or audio recordings taken of me and/or comments I expressed in our interview on

RECOLTE DES DONNEES at EP MBOGA DE KANYARUCHINYA

for communications purposes such as editorials, advertisements and promotions for use in any communications channel such as print, television, radio, electronic media or the Internet, without the payment of compensation of any kind. I agree that World Vision will own the copyrights to these materials, and is allowed to store, use and share these materials without any time limitations (subject to all applicable laws).

By signing below, I acknowledge that I have read and/or understand the terms of this consent.

If I later decide to withdraw my consent, I can do so and World Vision International and World Vision () will remove my content from their databases and make reasonable efforts to prevent their affiliates, agents and contractors from further using this content. I also understand World Vision International and World Vision () cannot limit the circulation of materials that have already been publicly released.

Consent captured on [Signature]
Signature: _____ Date: _____ video (please upload
with story content)
Print name: NORANDEZE-ESIPESSE

Verbal consent given
Address, phone number (if applicable): _____

Optional: Thumbprint

Consent captured on video is not a replacement for filling in this form but is only a replacement to signing or thumbprinting the form

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Responsible adult/ parent/guardian of children age 18 or younger must sign below*

Responsible adult signature: _____

Date: _____

Relationship to child _____

Print child's name: _____

*Unaccompanied children age 18 or younger must also sign this form, and a risk assessment should be conducted before submitting content to story

Optional
Thumbprint

Consent captured on

Verbal consent given

Contact World Vision

If you have questions about the use of your content, story and images or would like to withdraw your consent, please contact us.

World Vision (

Communications Department

Contact name: JOLIE KAVIRA

Office address: GOMA

Office phone #: 4243 999284944

Email address of reporter: jolie.kavira@wvi.org