## National Day of Action on ICCPR Photo Petition Release Form

I, give my permission to and the US Human Rights Network to use my Likeness, in any form, whether photographic or graphics, as well as my voice as recorded via audio or video for the National Day of Action on ICCPR. It may be used for any purpose in furtherance of the US Human Rights Network's ICCPR Campaign and in any format, forum or medium.		
Signature:	Date:	
Address:		
City	State:	Zip:
Phone:	Email:	<del> </del>
☐ I am under 18 yrs of a	age Signature of Parent/Guardian	Date
Print Name of Parent/Gua	ardian	
Please Check any th	at Apply:	
$\square$ I have a civil and/or	political rights story I would like to sh	are.
☐ I know others in my	community who may be interested to	be a part of the ICCPR Campaign.
☐ I would like to learn	more ways to be a part of the ICCPR	Campaign.
☐ I would like to make	a donation to support the work of the	LCCPR Campaign



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