**Declaration of consent to the use of photos/videos**

In connection with

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(Name of project or event)

I hereby consent to

photos and/or videos of

 myself

 my child/children

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(Child’s/children’s name(s))

being created and used by the Deutsche Gesellschaft für Internationale Zusammenarbeit (GIZ) GmbH for the following purposes:

 Publication as part of GIZ’s public relations work,

 e.g. in event documentation, flyers, brochures, GIZ’s websites and social media channels;

 Forwarding to GIZ’s clients and project partners for use in their public relations work.

You have the right to inquire at any time about the type of data processing, and to have the data corrected if they are incorrect, or to demand that their processing be restricted or that the data be deleted. Furthermore, you may withdraw your consent at any time to use of the photos and recordings. Please email withdrawal of your consent to \_\_\_\_\_\_\_\_\_\_\_\_. Please insert here either the email address of your function or your own email address. This does not affect the lawfulness of any processing of your data before your consent was withdrawn.

If you believe the data processing to be unlawful, you may contact GIZ’s data protection officer (datenschutzbeauftragter@giz.de), or lodge a complaint with the responsible data protection supervisory authority – the Federal Data Protection Commissioner (BfDI) (poststelle@bfdi.bund.de).

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Family name

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Given name

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date of recording/photo Country of recording/photo

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date, place Signature