



I agree not to hold NAC, its employees, or its agents liable for any use or dissemination of the Media in accordance with this Declaration.

By signing below, I confirm that I fully understand and accept all of the above.

Signature: Elce Date: 9-10-2025

Name: Elizabeth Chimweya Place: Rosary Star

ID Number: 15-115535015 Witness: N/A

Name of Parent(s) or Legal Guardian(s) or person signing on behalf of the

subject:

ID Number.....

Witness.....

For internal use only: Visual description of the subject for reference

Explanation that can be provided to subject

NAC uses photos and video to document and promote public health issues. When we take a photo or video of someone, we require you to provide your consent to be photographed or filmed. In signing this consent form, you are agreeing to the use of your likeness and the information that you have provided us, for use by NAC in connection with its work on public health.



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By signing below, I confirm that I fully understand and accept all of the above.

Signature: [Handwritten Signature] Date: 09/10/25

Name: Arnold Capare Place: Rising Star School

ID Number: 59-162856-107 Witness: [Handwritten Signature]

Name of Parent(s) or Legal Guardian(s) or person signing on behalf of the

subject:

ID Number.....

Witness.....

For internal use only: Visual description of the subject for reference

Explanation that can be provided to subject

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By signing below, I confirm that I fully understand and accept all of the above.

Signature: [Handwritten Signature] Date: 09/10/25

Name: Martha Mapfuka Place: Rising Star Hopley

ID Number: 23-2005887L22 Witness: [Handwritten Signature]

Name of Parent(s) or Legal Guardian(s) or person signing on behalf of the

subject:

ID Number.....

Witness.....

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Explanation that can be provided to subject

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By signing below, I confirm that I fully understand and accept all of the above.

Signature: E. Musau Date: 09/10/2025

Name: Emaculate Musau Place: Hopley Rising Star

ID Number: 631040023932 Witness

Name of Parent(s) or Legal Guardian(s) or person signing on behalf of the

subject:

ID Number.....

Witness.....

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Explanation that can be provided to subject

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By signing below, I confirm that I fully understand and accept all of the above.

Signature: Q. a Date: 09/10/2025 ..

Name: Shylet Dumbura Place: Hopely Rising Star

ID Number 63-14392511 Witness [Signature] ..

Name of Parent(s) or Legal Guardian(s) or person signing on behalf of the

subject:

ID Number.....

Witness.....

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Explanation that can be provided to subject

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By signing below, I confirm that I fully understand and accept all of the above.

Signature: Deena Date: 09/10/25

Name: Sheilachinyani Place: Hopley Rising Star

ID Number: OS-088011205 Witness: D-4

Name of Parent(s) or Legal Guardian(s) or person signing on behalf of the

subject:

ID Number.....

Witness.....

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Explanation that can be provided to subject

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By signing below, I confirm that I fully understand and accept all of the above.

Signature: Tashia Nashia Date: 12/11/2012

Name: Ta Place: Harare

ID Number..... Witness

Name of Parent(s) or Legal Guardian(s) or person signing on behalf of the

subject: Tashia Nashia

ID Number 12-043266 F12

Witness N. Mabhadya

For internal use only: Visual description of the subject for reference

Explanation that can be provided to subject

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By signing below, I confirm that I fully understand and accept all of the above.

Signature: N.M Date: 09/10/25

Name: Nokutenda Muchato Place: Rising Star

ID Number..... Witness

Name of Parent(s) or Legal Guardian(s) or person signing on behalf of the

subject: Nokutenda Muchato

ID Number 12-043266 F12

Witness N. Mabvadya

For internal use only: Visual description of the subject for reference

Explanation that can be provided to subject

NAC uses photos and video to document and promote public health issues. When we take a photo or video of someone, we require you to provide your consent to be photographed or filmed. In signing this consent form, you are agreeing to the use of your likeness and the information that you have provided us, for use by NAC in connection with its work on public health.



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By signing below, I confirm that I fully understand and accept all of the above.

Signature: VM Date: 28 September

Name: Vimbainashe Mutsiyabako Place: Risingstar primary school

ID Number..... Witness

Name of Parent(s) or Legal Guardian(s) or person signing on behalf of the

subject: Vimbainade Mutsiyabako

ID Number 12-043266F12

Witness N. Mabvada

For internal use only: Visual description of the subject for reference

Explanation that can be provided to subject

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By signing below, I confirm that I fully understand and accept all of the above.

Signature: TR Date: 9/10/2025

Name: Talent Rukanzakanza Place: Rising Star

ID Number..... Witness

Name of Parent(s) or Legal Guardian(s) or person signing on behalf of the

subject: Talent Rukanzakanza

ID Number 12-043266F12

Witness N. Mabvoda

For internal use only: Visual description of the subject for reference

Explanation that can be provided to subject

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By signing below, I confirm that I fully understand and accept all of the above.

Signature: DJ..... Date: 09/10/2025.....

Name: Darrell Dumira..... Place: Rising star school

ID Number..... Witness

Name of Parent(s) or Legal Guardian(s) or person signing on behalf of the

subject: Darrell Dumira.....

ID Number 12-043206FR

Witness N. Mabvadya.....

For internal use only: Visual description of the subject for reference

Explanation that can be provided to subject

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By signing below, I confirm that I fully understand and accept all of the above.

Signature: AN..... Date: 09/10/2025..

Name: Avant Nyoni..... Place: Rising star school

ID Number..... Witness

Name of Parent(s) or Legal Guardian(s) or person signing on behalf of the

subject: Avant Nyoni.....

ID Number 12-043266F12.....

Witness N. mabvada.....

For internal use only: Visual description of the subject for reference

Explanation that can be provided to subject

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By signing below, I confirm that I fully understand and accept all of the above.

Signature: TM Date: 09/10/2025

Name: Trish Muyambo Place: Rising Star School

ID Number..... Witness

Name of Parent(s) or Legal Guardian(s) or person signing on behalf of the

subject: Trish Muyambo

ID Number 12-043266 F12

Witness N. Mabvoda

For internal use only: Visual description of the subject for reference

Explanation that can be provided to subject

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By signing below, I confirm that I fully understand and accept all of the above.

Signature: RT Date: 09/10/2025

Name: Racheal Takavada Place: Rising Star School

ID Number..... Witness

Name of Parent(s) or Legal Guardian(s) or person signing on behalf of the

subject: Racheal Takavada

ID Number 12-043266F12

Witness N. Mabvada

For internal use only: Visual description of the subject for reference

Explanation that can be provided to subject

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By signing below, I confirm that I fully understand and accept all of the above.

Signature: WS Date: 11/01 2025

Name: Winnel Samanyai Place: Rising Star

ID Number..... Witness

Name of Parent(s) or Legal Guardian(s) or person signing on behalf of the

subject: Winnel Samanyai

ID Number 12-043266 F12

Witness D. Mabvada

For internal use only: Visual description of the subject for reference

Explanation that can be provided to subject

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By signing below, I confirm that I fully understand and accept all of the above.

Signature: DM..... Date: 09/12/2025.....

Name: Dinell Mangena..... Place: Rising star school.....

ID Number..... Witness

Name of Parent(s) or Legal Guardian(s) or person signing on behalf of the

subject: Dinell Mangena.....

ID Number..... 12-043266F12.....

Witness..... N. Mabvoda.....

For internal use only: Visual description of the subject for reference

Explanation that can be provided to subject

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By signing below, I confirm that I fully understand and accept all of the above.

Signature: [Signature] Date: 09/10/25

Name: PITANUOZ Place: RISING STAR

ID Number: 32-113781 H 32 Witness: [Signature]

Name of Parent(s) or Legal Guardian(s) or person signing on behalf of the

subject: PHOTO SHOOTING

ID Number: 32-113781 H 32

Witness: [Signature]

For internal use only: Visual description of the subject for reference

Explanation that can be provided to subject

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By signing below, I confirm that I fully understand and accept all of the above.

Signature: J.M. Date: 09/10/2025

Name: Jemymah Muvimi Place: Rising Star School

ID Number..... Witness

Name of Parent(s) or Legal Guardian(s) or person signing on behalf of the

subject: Jemymah Muvimi

ID Number: 12-043266F12

Witness: Ni Mabvadya

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Explanation that can be provided to subject

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By signing below, I confirm that I fully understand and accept all of the above.

Signature: NZ Date: 9 October

Name: Nataly Zhunao Place: Rising Star

ID Number..... Witness

Name of Parent(s) or Legal Guardian(s) or person signing on behalf of the

subject: Nataly Zhunao

ID Number 12-043266F12

Witness N. Mabvadya

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By signing below, I confirm that I fully understand and accept all of the above.

Signature: K. Guta Date: 09/10/25

Name: Klivesh Guta Place: Tariro Clinic Hopley

ID Number: 83-098511583 Witness: [Signature]

Name of Parent(s) or Legal Guardian(s) or person signing on behalf of the

subject:

ID Number.....

Witness.....

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By signing below, I confirm that I fully understand and accept all of the above.

Signature: Banyua Date: 09/10/2025

Name: S. MAKWANGWA Place: Rising STAR School

ID Number: 3-735186A26 Witness: Banyua

Name of Parent(s) or Legal Guardian(s) or person signing on behalf of the

subject:

ID Number.....

Witness.....

For internal use only: Visual description of the subject for reference

Explanation that can be provided to subject

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By signing below, I confirm that I fully understand and accept all of the above.

Signature: D. Mwa Date: 09-10-2025

Name: Nyepai Mabvada Place: Rising Star School

ID Number: 12-01326617 Witness: [Signature]

Name of Parent(s) or Legal Guardian(s) or person signing on behalf of the

subject:

ID Number.....

Witness.....

For internal use only: Visual description of the subject for reference

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By signing below, I confirm that I fully understand and accept all of the above.

Signature: [Handwritten Signature] Date: 09/10/25

Name: Arnold Capare Place: Rising Star School

ID Number: 59-162856707 Witness

Name of Parent(s) or Legal Guardian(s) or person signing on behalf of the

subject:

ID Number.....

Witness.....

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By signing below, I confirm that I fully understand and accept all of the above.

Signature: NHato Date: 9-10-2025

Name: Nomatter Hato Place: RAISING SIAR

ID Number: 63-574312M¹⁸ Witness: ECCO

Name of Parent(s) or Legal Guardian(s) or person signing on behalf of the

subject:

ID Number.....

Witness.....

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